

FEBRUARY 15, 2013

**ANDREW TAYLOR
CASE DEVELOPER
UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
75 HAWTHORNE STREET, SFD-7-5
8TH FLOOR MAIL STOP
SAN FRANCISCO, CA 94105**

**RE: 104(E) REQUEST FOR INFORMATION- SAN FERNANDO VALLEY AREA 2 SUPERFUND SITE
REAL PROPERTY LOCATED AT 5439 SAN FERNANDO RD. W, LOS ANGELES, CA.**

DEAR SIR,

I WRITE IN RESPONSE TO YOUR LETTER OF JANUARY 23, 2013 REGARDING THE ABOVE NOTED SUBJECT MATTER. AS USED BELOW, THE WORD, FACILITY, REFERS TO THE REAL PROPERTY LOCATED AT 5439 SAN FERNANDO RD. W, LOS ANGELES, CA. AS NOTED IN YOUR LETTER. PLEASE NOTE THAT THE ANSWERS ARE GIVEN TO OUR REASONABLE KNOWLEDGE GIVEN THE LIMITED 30 DAY WINDOW AND THE AGE OF THE ISSUES RAISED HERE. FURTHER, WE ARE HESITANT TO INCLUDE PERSONAL INFORMATION IN OUR RESPONSES CONCERNING EMPLOYEES AND FORMER EMPLOYEES BECAUSE OF THE PRIVACY LAWS APPLICABLE THERETO. OUR ANSWERS ARE GIVEN ON BEHALF OF MACDERMID INCORPORATED AS FOLLOWS:

ATTACHMENT B: INFORMATION REQUEST

1. State the full legal name, address, telephone number, position(s) held by, and tenure of the individual(s) answering any of the questions below on behalf of MacDermid, Inc. (the "Company").

John L. Cordani, Vice President and General Counsel (26yrs tenure) and Richard Nave, EH&S Director (26 yrs tenure). FOIA ex 6 Personal Privacy [REDACTED] respectively.

2. Identify the individuals who are or were responsible for environmental matters at the Company's facility located at 5439 San Fernando Rd. W., Los Angeles, CA (the "Facility"). Henceforth, the term "Facility" shall be interpreted to include both the real property at 5439 San Fernando Rd. W., Los Angeles, CA and any improvement thereto. For each individual responsible for environmental matters, provide his/her full name, current or last known address, current or last known telephone number, position titles, and the dates each individual held such position.

Based upon the records we have, we are unable to identify a specific person who was responsible for environmental matters at the Facility. The records being produced herewith give indications that at least the following individuals had some responsibility for the environmental matters at the Facility:

Cherrie Gillis, FOIA ex 6 Personal Privacy [REDACTED]

Frank Cruice, FOIA ex 6 Personal Privacy [REDACTED]

James Tunnicliff, FOIA ex 6 Personal Privacy [REDACTED]

3. Explain the Company's present operational status (e.g., active, suspended, defunct, merged, dissolved, etc.).

Operational.

4. Provide the date the Company was incorporated, formed, or organized. Identify the state in which the Company was incorporated, formed, or organized.

1922 in Connecticut.

5. Identify the business structure (e.g., sole proprietorship, general partnership, limited partnership, joint venture, corporation, etc.) under which the Company currently exists or operates and identify all former business structures under which it existed or operated since its inception.

Corporation

6. For each business structure under which the Company has existed or operated at the Facility, provide the corresponding dates that it existed or operated under that business structure, the name(s) it used, and the Facility addresses at which it operated or was otherwise located.

**MacDermid Incorporated
245 Freight Street
Waterbury, CT. 06702**

7. Provide a copy of the articles of incorporation, partnership agreement, articles of organization, or any other documentation (together with any amendments) demonstrating the particular business structure under which the Company has existed or operated since its inception.

These are public records available from the secretary of state of Connecticut.

8. If the Company is or was operating under a fictitious business name, identify the fictitious name and the owner(s) of the fictitious name, and provide a copy of the Fictitious Business Name Statement filed with the county in which the Company is or was doing business.

N/A.

9. Identify and explain any and all sales of the Company's assets if the sale represented a sale of substantially all of the Company's assets.

N/A.

10. Identify and explain any investments by the Company in other businesses, companies, or corporations equating to 5% or more of that other business, company, or corporation from the formation of the Company to the present.

MacDermid Incorporated has a very long list of wholly owned subsidiaries that operate throughout the world in MacDermid's various businesses. Please refer to the S-1 filed by MacDermid with the SEC in 2012 for a further more extensive explanation of MacDermid's subsidiaries and operations.

11. List the names, titles, telephone number(s), and current or last known addresses of all individuals who are currently or were officers and/or owners of the Company during any time that the Company was operating at the Facility, regardless of the business structure under which the Company is or was operated. Provide documentation of both the percentage of each individual's current or former ownership interest in the Company and the time period(s) during which he/she held this ownership interest.

During the period that MacDermid was associated with the Facility, MacDermid was a public company first traded on the NASDAQ and then Traded on the NYSE. As such it would not be feasible to list the shareholders. The Officers of the company are currently:

Daniel Leever- CEO and President

Frank Monteiro- CFO

John Cordani- Secretary

Michael Kennedy- Treasurer

Jerry Mitchell- Controller

12. Identify the dates the Company, under any of its current or former business structures, owned the Facility. Provide a copy of the title documentation evidencing the Company's ownership of the Facility.

MacDermid Incorporated never owned the Facility to our knowledge.

13. For any period of time in which the Company, under any of its current or former business structures, owned the Facility, provide the name, address, and phone number of any tenant or lessee. Provide a copy of each lease, rental agreement, or any other document that establishes the Company's relationship to any other operators at the Facility.

N/A.

14. Provide the dates that the Company, under any of its current or former business structures, operated at the Facility.

We have been unable to locate the lease of the Facility and as such we are unable at this time to determine the dates during which MacDermid Incorporated operated at the Facility.

15. For any period of time in which the Company, under any of its current or former business structures, operated at, but did not own, the Facility, provide the name, address, and phone number of the Facility's owner. Provide a copy of each lease, rental agreement, or any other document that establishes the Company's relationship to the real property owner during the Company's occupancy of the Facility.

Sunland Chemical Corp and/or Serge Dadone.

We currently are unaware of their address and have not been able to locate a lease agreement.

16. Identify any individual or entity that owned or operated the Facility prior or subsequent to the Company. For each prior or subsequent owner or operator, further identify:

- a. The dates of ownership/operation;
- b. The nature of prior or subsequent operations at the Facility;
- c. All evidence showing that the prior or subsequent owner or operator controlled access to the property; and
- d. All evidence that a hazardous substance, pollutant, or contaminant was released or threatened to be released at the Facility during the period of prior or subsequent ownership or operation.

We currently have no knowledge with which we can accurately answer this question other than our assumption that it was operated by Sunland Chemical and/or Serge Dadone.

17. Provide a complete list of employees who had knowledge of the use of hazardous substances and disposal of wastes at the Facility during any or all of the period of time that the Company operated at or was otherwise associated with the Facility. For each employee listed, provide the following information:

- a. The employee's full name;
- b. The employee's current or last known address and telephone number, including the last known date on which you believe each address and telephone number was current;
- c. The dates that the employee worked at the Facility;
- d. The position(s) the employee held under any of the Company's business structures; and
- e. The employee's job title(s) and the corresponding dates during which the Company believes that he employee would have had knowledge of the use and disposal of wastes.

We are unaware of any current employees who have such knowledge. Former employees who may have knowledge include:

Cherrie Gillis

Frank Cruice

Jim Tunnicliff

18. Describe the size of the Facility, the approximate number of people employed by the Company at the Facility, and the product(s) manufactured or services performed by the Company at the Facility. Describe any significant change in Facility size, the number of employees, or the products manufactured over time.

We are currently unable to accurately respond to this question other than to note that MacDermid Incorporated only operated on a portion of the Facility for a currently unknown period of time.

19. If any substance containing chromium as a component ("chromium-related substances") was utilized in any of the Company's operations at the Facility, provide a complete description of those operations. Indicate the approximate volume of chromium or chromium-related substances used per month at the Facility, the dates chromium or chromium-related substances were used, and the storage and disposal practices in effect during the Company's operations at the Facility for materials containing chromium. Include documentation evidencing the Company's use of chromium or chromium-related substances.

We are currently unable to accurately respond to this question. For identification of materials held at the Facility please see the manifest copies produced herewith. We are currently unaware of the amounts held (other than as indicated in the manifests produced) and/or operations conducted at the Facility.

20. Provide a scaled map of the Facility that includes the locations of significant buildings and features. Indicate the locations of any maintenance shops, machine shops, degreasers, liquid waste tanks, chemical storage tanks, and fuel tanks. Provide a physical description of the Facility and identify the following:

- a. Surface structures (e.g., buildings, tanks, containment and/or storage areas, etc.);
- b. Subsurface structures (e.g., underground tanks, sumps, pits, clarifiers, etc.);
- c. Groundwater and dry wells, including drilling logs, date(s) of construction or completion, details of construction, uses of the well(s), date(s) the well(s) was/were abandoned, depth to groundwater, depth of well(s) and depth to and of screened interval(s);
- d. Past and present stormwater drainage system and sanitary sewer system, including septic tank(s) and subsurface disposal field(s);
- e. Any and all additions, demolitions or changes of any kind to physical structures on, under or about the Facility or to the property itself (e.g. excavation work), and state the date(s) on which such changes occurred; and
- f. The location of all waste storage or waste accumulation areas as well as waste disposal areas, including but not limited to dumps, leach fields, and burn pits.

We currently have no such scaled map and have no reasonable means of accurately producing one.

21. Provide copies of hazardous material business plans and chemical inventory forms (originals and updates) submitted to city, county, and state agencies for the Facility.

To the extent that we have these documents, we have included copies in the materials produced herewith.

22. Provide a list of all chemicals and hazardous substances used at the Facility, identifying the chemical composition and quantities used. Provide copies of Material Safety Data Sheets for all hazardous substances used.

We are currently unable to accurately respond to this question. For identification of materials held at the Facility please see the manifest copies produced herewith. We are currently unaware of the amounts held (other than as indicated in the manifests produced) and/or operations conducted at the Facility.

23. Identify and provide the information below for all substances containing chromium, including but not limited to chromate compounds, which are or were used at, or transported to, the Facility:

- a. The trade or brand name, chemical composition, and quantity used for each chemical or hazardous substance and the Material Safety Data Sheet for each product;
- b. The location (s) where each chemical or hazardous substance is or was used, stored, and disposed of;
- c. The kinds of wastes (e.g., scrap metal, construction debris, motor oil, solvents, waste water), the quantities of wastes, and the methods of disposal for each chemical, waste, or hazardous substance;
- d. The quantity purchased (in gallons), the time period during which it was used, and the identity of all persons who used it; and
- e. The supplier(s), and provide copies of all contracts, service orders, shipping manifests, invoices, receipts, canceled checks, or any other documents pertaining to the supply of chemicals or hazardous substances.

We are currently unable to accurately respond to this question. For identification of materials held at the Facility please see the manifest copies produced herewith. We are currently unaware of the amounts held (other than as indicated in the manifests produced) and/or operations conducted at the Facility.

24. Provide copies of all environmental data or technical or analytical information regarding soil, water, and air conditions at or adjacent to the Facility, including, but not limited to, environmental data or technical or analytical information related to soil contamination, soil sampling, soil gas sampling, geology, water (ground and surface), hydrogeology, groundwater sampling, and air quality.

We currently are unaware of any data corresponding to the information requested here.

25. Identify, and provide the following information for, all groundwater wells that are located at the Facility:

- a. A map with the specific locations of the Facility groundwater wells;
- b. Date the Facility groundwater wells were last sampled;
- c. List of all constituents that were analyzed during groundwater sampling events; and
- d. All groundwater sampling results, reports of findings, and analytical data.

We are currently unaware of any information that would allow us to accurately respond to this question.

26. Identify, and provide all groundwater data upgradient, downgradient, and on the Facility that you possess or have access to, including, but not limited to:

- a. A map with the specific locations of the groundwater wells;
- b. Date the groundwater wells were last sampled;
- c. List of all constituents that were analyzed during groundwater sampling events; and
- d. All groundwater sampling results, reports of findings, and analytical data.

We are currently unaware of any information that would allow us to accurately respond to this question.

27. Identify all insurance policies held by the Company from the time it commenced ownership of or operations at the Facility until the present. Provide the name and address of each insurer, the policy number, the amount of coverage and policy limits, the type of policy, and the expiration date of each policy. Include all comprehensive general liability policies and "first party" property insurance policies and all environmental impairment insurance. Provide a complete copy of each policy.

The company did maintain liability insurance during the applicable period. However, we have currently been unable to locate copies of the applicable policies within the allotted 30 days. A partial list of insurance policies is attached.

28. Provide copies of any applications for permits or permits received for the Facility under any local, state, or federal environmental laws and regulations, including any waste discharge permits, such as national pollutant discharge elimination system permits.

To the extent we have responsive information it was included with the materials produced herewith.

29. If the Company discharged any of its waste stream to the sewer at the Facility, provide copies of all permits and all analyses performed on discharged water, and identify all locations where waste streams were discharged.

We are currently unaware of any information that would allow us to accurately respond to this question.

30. For each waste stream generated at the Facility, describe the procedures for (a) collection, (b) storage, (c) treatment, (d) transport, and (e) disposal of the waste stream.

We are currently unaware of any information that would allow us to accurately respond to this question.

31. Please provide a detailed description of all pre-treatment procedures performed by the Company on its waste streams at the Facility prior to transport to a disposal site.

We are currently unaware of any information that would allow us to accurately respond to this question.

32. Please describe the method used by the Company to remove waste streams from sumps at the Facility.

We are currently unaware of any information that would allow us to accurately respond to this question.

33. Please identify all wastes that were stored at the Facility prior to shipment for disposal. Describe the storage procedures for each waste that was stored prior to disposal.

Please see copies of manifests produced herewith. Please also see copies of the permit and plans produced herewith.

34. Please identify all leaks, spills, or other releases into the environment of any hazardous substances or pollutants or contaminants that have occurred at or from the Facility. In addition, identify and provide supporting documentation of:
- a. The date each release occurred;
 - b. The cause of each release;
 - c. The amount of each hazardous substance, waste, or pollutant or contaminant release during each release;
 - d. Where each release occurred and what areas were impacted by the release, and
 - e. Any and all activities undertaken in response to each release, including the notification of any local, state, or federal government agencies about the release.

We are currently unaware of any information that would allow us to accurately respond to this question.

35. Provide copies of any correspondence between the Company and local, state, or federal authorities concerning the use, handling, or disposal of hazardous substances at the Facility, including but not limited to any correspondence concerning any of the releases identified in response to the previous question.

To the extent we have been able to locate responsive documents, those documents are being produced herewith.

36. Provide all information that the Company may possess or have access to that indicates that chromium and hexavalent chromium-containing substances used at the facility have not reach groundwater.

We are currently unaware of any information that would allow us to accurately respond to this question, however please note that we have no indication of any releases of chromium containing compounds.

ATTACHMENT C: INFORMATION REQUEST FOR METAL FINISHERS

MacDermid Incorporated is not a metal finishing company although we do supply chemicals to that industry. As such we believe that this section is inapplicable to MacDermid Incorporated.

1. Identify those individuals who provided the knowledge, information and documents used to prepare the response to these questions. Include the full name, current title and duties, as well as past titles and duties, current address and telephone number, and tenure for each individual providing an answer for any of those questions.
2. Please describe, in detail and in narrative fashion, the plating and other metal finishing operations (as defined in Attachment A), and metal finishing equipment at the Facility, and changes to the metal finishing operations and associated equipment, since the beginning of the Company's operations at the Facility. Your response to this question must include the following for all of the metal finishing equipment used over time at the Facility:
 - a. Provide the dates that the metal finishing operations took place at the Facility;
 - b. Provide the dates that the metal finishing equipment was used at the Facility;
 - c. State the year(s) that the metal finishing equipment was installed, and identify the specific equipment used in metal finishing operations;
 - d. Identify the type of metal finishing performed at the Facility and state whether the metal finishing equipment utilized open or closed dipping tanks and secondary containment structures;
 - e. Identify the substances that were used in the metal finishing operations and associated equipment, including but not limited to corrosion inhibitors, and provide Material Safety Data Sheets ("MSDSs") for all such substances;
 - f. State whether or not substances containing chromium, including but not limited to chromate compounds, were ever used in the Company's metal finishing operations and metal finishing equipment;
 - g. Describe how the substances identified in 2.e. and 2.f., above, were used in the metal finishing operations and metal finishing equipment, and identify the locations where such substances were stored at the Facility;
 - h. State the quantities and years that the substances identified in 2.e. and 2.f., above, were stored and used at the Facility;
 - i. If the Company was required to report the type and quantity of substances identified in 2.e. and 2.f., above, to any federal or state agency or entity, provide copies of all such reports;
 - j. Provide all maps, drawings, diagrams, plans, blueprints, photographs and flow charts related to past and current metal finishing operations, metal finishing equipment and associated piping showing the location of all metal finishing equipment, clarifiers, dry wells, sumps, underground structures, piping and other equipment that were ever connected to the metal finishing equipment;
 - k. Describe the waste streams generated by metal finishing operations and metal finishing equipment;

- l. State the volume and frequency of the metal finishing waste materials discharged from the metal finishing operations, and describe the waste storage methods for the waste materials;
 - m. Describe how and where waste materials were released from the metal finishing system;
 - n. Provide copies of all analyses for substances containing chromium, including but not limited to chromate compounds, performed on the materials used in the metal finishing equipment during metal finishing operations, and discharged from the metal finishing equipment prior to disposal; and
 - o. Provide copies of all analyses for substances containing chromium, including but not limited to chromate compounds in water, sludge or other substances generated during metal finishing operations.
3. If any substance containing chromium as a component, including but not limited to chromate compounds, was utilized in any operations at the Facility since the beginning of the Company's operations at the Facility, provide a complete description of those operations *if not already described in your response to Question 2 above*. Indicate the approximate volume of chromium or chromate compound used per month at the Facility, the period of time during which chromium or chromate compounds were used, and describe the storage and disposal practices in effect for materials containing chromium or chromate compounds.
4. Please state the source of metal finishing materials used in the Company's metal finishing operations and metal finishing equipment since the beginning of the Company's operations at the Facility.
5. Please describe where the Company disposed of materials used in the Facility's metal finishing operations and metal finishing equipment since the beginning of the Company's operations at the Facility.
6. State whether there have been any releases, or suspected releases, of substances containing chromium, including but not limited to chromate compounds, to the environment at and from the Facility and provide any document describing, evidencing or otherwise documenting such releases.
7. State the number of tanks, including but not limited to "dipping tanks," sumps and clarifiers ever constructed at the Facility or connected to the Facility at any time.
8. Describe how the Company used the tanks identified in Question 7, above.
9. Provide copies of all analyses performed on the soil and groundwater at the Facility, including but not limited to analyses performed on the soil and groundwater beneath and surrounding the tanks identified in Question 7, above. Provide copies of all investigation reports related to those analyses.
10. Were substances containing chromium, including but not limited to chromate compounds, ever pumped, drained, discharged, injected and/or released to the tanks identified in Question 7, above?

11. Provide all documentation, drawings, diagrams, plans, blueprints, photographs, and flow charts that discuss or depict channels, pits, underground storage tanks, aboveground storage tanks, ponds, drywells, sumps, clarifiers and any other aboveground or underground structures used for storage or disposal since the beginning of the Company's operations at the Facility.
12. Describe how the Company used the channels, pits, underground storage tanks, aboveground storage tanks, ponds, drywells, sumps, clarifiers and any other aboveground or underground structures used for storage or disposal identified in Question 11, above.
13. Were substances containing chromium, including but not limited to chromate compounds, ever pumped, drained, discharged, injected and/or released to the channels, pits, underground storage tanks aboveground storage tanks, ponds drywells, sumps, clarifiers and any other aboveground or underground structures used for storage or disposal identified in Question 11, or above.
14. Identify and provide copies of any documentation of any hazardous waste-related tax paid by the Company related to any facility from which waste was sent to an off-site disposal facility, and identify the dates upon which you paid such taxes, including but not limited to a description of whether such tax(es) were local, state or federal and the specific regulations under which you were required to pay the tax(es).
15. List and provide copies of all federal, state, county, city and all other local permits, licenses, and/or registrations and their respective permit numbers issued concerning the Facility and the storage, use, and discharge of substances containing chromium, including but not limited to chromate compounds, including but not limited to permits and correspondence related to Publicly Owned Treatment Works ("POTW"), Los Angeles County permits and licenses, and California Air Quality Management District permits and licenses. Your response must include all compliance testing results for all waste streams exiting the Facility.
16. State whether the Company has or had a permit or permits issued under the Resource Conservation and Recovery Act ("RCRA") for the Facility or Facilities. If the answer is "yes," identify and such permits, including but not limited to the dates of issuance and a general description of the process permitted. Provide copies of all such permits.
17. Provide the names, addresses and telephone numbers of any individuals, including former and current employees, who may be knowledgeable of the Company's operations with respect to substances containing chromium, including but not limited to chromate compounds and other hazardous substance, waste or pollutant or contaminant handling, storage and disposal practices at the Facility.
18. Provide the names, addresses and telephone numbers of all individuals, including former and current employees, who may be knowledgeable of the metal finishing operations and metal finishing equipment used at the Facility and all changes to the metal finishing operations. Your response must include personnel that regularly maintained and repaired metal finishing equipment at the Facility since the beginning of the Company's operations at the Facility.

19. Provide the names of and contact information, including addresses and telephone numbers, for companies and/or individuals that owned the property at the time that the metal finishing operations and metal finishing equipment were used at the Facility.
20. For each prior or subsequent owner or operator identified in your response to Question 19, further identify all evidence that a hazardous substance, pollutant, or contaminant containing chromium was release or threatened to be released at the Facility during the period of prior or subsequent ownership or operation.

**ATTACHMENT D: INFORMATION REQUEST FOR FACILITIES THAT HAVE
UTILIZED COOLING SYSTEMS**

We are currently unaware of any information that would indicate that MacDermid Incorporated utilized cooling systems at the Facility. As a result, we believe that this section does not apply to MacDermid Incorporated.

1. Identify those individuals who provided the knowledge, information and documents used to prepare the response to these questions. Include the full name, current title and duties, as well as past titles and duties, current address and telephone number, and tenure for each individual providing an answer for any of these questions.
2. Please describe, in detail and in narrative fashion, the cooling systems and cooling towers used at the Facility, and changes to the cooling systems and cooling towers, since the beginning of the Company's operations at the Facility. Your response to this question must include the following for all of the cooling systems used over time at the Facility.
 - a. Provide the dates that the cooling systems were in operation at the Facility;
 - b. Provide the dates that the cooling towers were in operation at the Facility;
 - c. State the year(s) that the cooling towers were constructed, and identify the materials of which the towers were constructed (e.g. metal, wood, etc.);
 - d. Identify the type of cooling system and state whether the cooling systems were "open recirculating cooling systems" or "closed recirculating cooling systems";
 - e. Identify the substances that were used in the cooling systems and cooling towers, and in the water circulated within the cooling systems and cooling towers, including but not limited to corrosion inhibitors, and provide Material Safety Data Sheets ("MSDSs") for all such substances;
 - f. State whether or not substances containing chromium, including but not limited to potassium dichromate, were ever used in the Company's cooling systems and cooling towers;
 - g. Describe how the substances identified in 2.e. and 2.f., above, were used in the cooling systems and cooling towers, and identify the locations where such substances were stored at the Facility;
 - h. State the quantities and years that the substances identified in 2.e. and 2.f. above, were stored and used at the Facility;
 - i. If the Company was required to report the type and quantity of substances identified in 2.e. and 2.f., above, to any federal or state agency or entity, provide copies of all such reports;
 - j. Provide all maps, drawings, diagrams, plans, blueprints, photographs and flow charts related to past and current cooling systems, cooling towers and associated piping showing the location of all cooling towers, percolation pits, dry wells, sumps, underground structures, piping and other wells that were ever connected to the cooling system including but not limited to cooling water blowdown from cooling towers;
 - k. Describe the waste streams generated by operation of the cooling systems and cooling towers;

- l. State the volume and frequency of the cooling water blowdown discharged from the cooling system, and describe the waste storage methods for the blowdown;
 - m. Describe how and where cooling tower purge steam was released from the cooling system;
 - n. Provide copies of all analyses for chromium performed on the water prior to use in the cooling systems and cooling towers, during use in the cooling systems and cooling towers, and discharged from the cooling system and cooling towers; and
 - o. Provide copies of all analyses for chromium in air emitted from the cooling systems and cooling towers.
3. If any substance containing chromium as a component ("chromium-related substances") was utilized in any operations at the Facility since the beginning of the Company's operations at the Facility, provide a complete description of those operations if not already described in your response to Question 2 above. Indicate the approximate volume of chromium or chromium-related substances used per month at the Facility, the period of time during which chromium or chromium-related substances were used, and describe the storage and disposal practices in effect for materials containing chromium.
4. Please state the source of water used in the Company's cooling systems and cooling towers since the beginning of the Company's operations at the Facility.
5. Please describe where the Company disposed of water used in the Facility's cooling systems and cooling towers since the beginning of the Company's operations at the Facility.
6. State whether there have been any releases, or suspected releases, of substances containing chromium, including but not limited to potassium dichromate, to the environment at and from the Facility and provide any document describing, evidencing or otherwise documenting such releases.
7. State the number of pits, including but not limited to "condensation pits," "perc pits," "percolation pits," "discharge pits," "dry wells," and "septic pits" ever constructed at the Facility or connected to the Facility at any time.
8. Describe how the Company used the pits identified in Question 7, above.
9. Provide copies of all analyses performed on the soil and groundwater at the Facility, including but not limited to analyses performed on the soil and water beneath and surrounding the pits identified in Question 7, above. Provide copies of all investigation reports related to those analyses.
10. Were substances containing chromium ever pumped, drained, discharged, injected and/or released to the pits identified in Question 7, above?
11. Provide all documentation, drawings, diagrams, plans, blueprints, photographs, and flow charts that discuss or depict channels, pits, underground storage tanks, aboveground storage tanks, ponds, drywells, sumps and any other aboveground or underground structures used for storage or disposal since the beginning of the Company's operations at the Facility.

12. Identify and provide copies of any documentation of any hazardous waste-related tax paid by the Company related to any facility from which waste was sent to an off-site disposal facility, and identify the dates upon which you paid such taxes, including but not limited to a description of whether such tax(es) were local, state or federal and the specific regulations under which you were required to pay the tax(es.).
13. List and provide copies of all federal, state, county, city and all other local permits, licenses, and/or registrations and their respective permit numbers issued concerning the Facility and the storage, use and discharge of substances containing chromium, including but not limited to permits and correspondence related to Publicly Owned Treatment Works ("POTW"), Los Angeles County permits and licenses, and California Air Quality Management District permits and licenses. Your response must include all compliance testing results for all waste streams exiting the Facility.
14. State whether the Company has or had a permit or permits issued under the Resource Conservation and Recovery Act ("RCRA") for the Facility or Facilities. If the answer is "yes," identify all such permits, including but not limited to the dates of issuance and a general description of the process permitted. Provide copies of all such permits.
15. Provide the names, addresses and telephone numbers of any individuals, including former and current employees, who may be knowledgeable of the Company's operations with respect to chromium, potassium dichromate, and other hazardous substance, waste or pollutant or contaminant handling, storage and disposal practices at the Facility.
16. Provide the names, addresses and telephone number of all individuals, including former and current employees, who may be knowledgeable of the cooling system(s) and cooling towers used at the Facility and all changes to the cooling system(s). Your response must include personnel that regularly maintained and repaired cooling systems at the Facility since the beginning of the Company's operations at the Facility.
17. Provide the names of and contact information, including addresses and telephone numbers, for companies and/or individuals that owned the property at the time that the cooling systems and cooling towers were used at the Facility.

**ATTACHMENT E: INFORMATION REQUEST FOR FACILITIES THAT HANDLED
VOLATILE ORGANIC COMPOUNDS ("VOCs")**

We are currently unaware of any information that would indicate that MacDermid Incorporated used VOC's at the Facility. As a result, we believe that this section does not apply to MacDermid Incorporated.

1. Identify those individuals who provided the knowledge, information and documents used to prepare the response to these questions. Include the full name, current title and duties, as well as past titles and duties, current address and telephone number, and tenure for each individual providing an answer for any of these questions.
2. Identify and provide the information below for all volatile organic compounds (most notably PCE; TCE; 1,1,1-TCA and 1,1,2-TCA) that are or were used at, or transported to, the Facility since the beginning of the Company's operations at the Facility.
 - a. The trade or brand name, chemical composition, and quantity used for each VOC-containing substance and the Material Safety Data Sheet for each product;
 - b. The location(s) where each VOC-containing substance is or was used, stored, and disposed of, and the dates of chemical or hazardous substance use, storage or disposal at each location.
 - c. Identify the specific equipment used in operations during which VOCs were utilized, and state the year(s) that the equipment was installed;
 - d. State whether the storage areas and equipment in which VOC-containing substances were stored or used utilized secondary containment structures;
 - e. Describe the waste streams generated by operations and equipment with respect to VOCs and VOC-containing substances;
 - f. State the volume and frequency of the VOC-containing waste materials discharged from the operations, and describe the waste storage methods for the waste materials;
 - g. Provide copies of all analyses for substances containing VOCs performed on the materials used in equipment, during operations, and discharged from equipment prior to disposal;
 - h. Provide copies of all analyses for substances containing VOCs in water, sludge or other substances generated during operations;
 - i. State the quantity of VOC-containing substance(s) purchased (in gallons), the time period during which it was used, and the identity of all persons who used it;
 - j. Identify the supplier(s), and provide copies of all contracts, service orders, shipping manifests, invoices, receipts, canceled checks, or any other documents pertaining to the supply of chemicals or hazardous substances;
 - k. If the Company was required to report the type and quantity of substances identified in 2.e. and 2.f., above, to any federal or state agency or entity, provide copies of all such reports; and
 - l. Provide all maps, drawings, diagrams, plans, blueprints, photographs and flow charts related to past and current operations, equipment and associated piping showing the location of all equipment, clarifiers, dry wells, sumps, underground

structures, piping and other equipment that were ever connected to the equipment, with respect to VOCs and VOC-containing substances.

3. If any substance containing VOCs as a component was utilized in any operations at the Facility since the beginning of the Company's operations at the Facility, provide a complete description of those operations if not already described in your response to Question 2 above. Indicate the approximate volume of VOCs or VOC-containing substances used per month at the Facility, the period of time during which VOCs or VOC-containing substances were used, and describe the storage and disposal practices in effect for materials containing VOCs.
4. Please state the source of VOC-containing materials used in the Company's operations and equipment since the beginning of the Company's operations at the Facility.
5. Please describe where the Company disposed of VOC-containing materials used in the Facility's operations and equipment since the beginning of the Company's operations at the Facility.
6. State whether there have been any releases, or suspected releases, of substances containing VOCs to the environment at and from the Facility and provide any document describing, evidencing or otherwise documenting such releases.
7. State the number of tanks, including but not limited to degreasers, sumps and clarifiers ever constructed at the Facility or connected to the Facility at any time.
8. Describe how the Company used the tanks identified in Question 7, above.
9. Provide copies of all analyses performed on the soil and groundwater at the Facility, including but not limited to analyses performed on the soil and groundwater beneath and surrounding the tanks identified in Question 7, above. Provide copies of all investigation reports related to those analyses.
10. Were substances containing VOCs ever pumped, drained, discharged, injected and/or released to the tanks identified in Question 7, above?
11. Provide all documentation, drawings, diagrams, plans, blueprints, photographs, and flow charts that discuss or depict channels, pits, underground storage tanks, aboveground storage tanks, ponds, drywells, sumps, clarifiers and any other aboveground or underground structures used for storage or disposal since the beginning of the Company's operations at the Facility.
12. Describe how the Company used the channels, pits, underground storage tanks, aboveground storage tanks, ponds, drywells, sumps, clarifiers and any other aboveground or underground structures used for storage or disposal identified in Question 11, above.
13. Were substances containing VOCs ever pumped, drained, discharged, injected and/or released to the channels, pits, underground storage tanks, aboveground storage tanks, ponds, drywells, sumps, clarifiers and any other aboveground or underground structures used for storage or disposal identified in Question 11, above?

14. Identify and provide copies of any documentation of any hazardous waste-related tax paid by the Company related to any facility from which waste was sent to an off-site disposal facility, and identify the dates upon which you paid such taxes, including but not limited to a description of whether such tax(es) were local, state or federal and the specific regulations under which you were required to pay the tax(es).
15. List and provide copies of all federal, state, county, city and all other local permits, licenses, and/or registrations and their respective permit numbers issued concerning the Facility and the storage, use, and discharge of substances containing VOCs, including but not limited to permits and correspondence related to Publicly Owned Treatment Works ("POTW"), Los Angeles County permits and licenses. Your response must include all compliance testing results for all waste streams exiting the Facility.
16. State whether the Company has or had a permit or permits issued under the Resource Conservation and Recovery Act ("RCRA") for the Facility or Facilities. If the answer is "Yes," identify all such permits, including but not limited to the dates of issuance and a general description of the process permitted. Provide copies of all such permits.
17. Provide the names, addresses and telephone numbers of any individuals, including former and current employees, who may be knowledgeable of the Company's operations with respect to substances containing VOCs, waste or pollutant or contaminant handling, storage and disposal practices at the Facility.
18. Provide the names, addresses and telephone numbers of all individuals, including former and current employees, who may be knowledgeable of the operations and equipment at the Facility that utilized VOCs. Your response must include personnel that regularly maintained and repaired equipment at the Facility since the beginning of the Company's operations at the Facility.
19. Provide the names of and contact information, including addresses and telephone numbers, for companies and/or individuals that owned or operated the property at the time that substances containing VOCs were used at the Facility.
20. For each prior or subsequent owner or operator identified in your response to Question 19, further identify all evidence that a hazardous substance, pollutant, or contaminant containing VOCs were released or threatened to be released at the Facility during the period of prior or subsequent ownership or operation.

If you have further questions regarding these matters please contact me at (203) 575-5747.
Thank you.

Sincerely,

A handwritten signature in blue ink that reads "Richard Nave". The signature is written in a cursive, flowing style.

Richard Nave

PARTIAL LIST OF INSURANCE POLICIES

The Travelers Indemnity Company

<u>Policy Number</u>	<u>Period of Coverage</u>
SLG-9647394	June 19, 1961 to June 19, 1962
SLG-509846	June 19, 1962 to June 19,
KSLG-1161110	June 19, 1963 to June 19, 1964
KSLG-2325186	June 19, 1965 to June 19, 1966
KSLG-3187623	June 19, 1966 to June 19, 1967
KSLG-7712403	June 19, 1967 to June 19, 1968
KSLG-2312457	June 19, 1968 to June 19, 1969
KSLG-4174513	June 19, 1969 to June 19, 1970
KSLG-4224433	June 30, 1970 to June 30, 1971
KSLG-7612299	January 1, 1972 to January 1, 1973
NSL-223A886-3	April 1, 1973 to April 1, 1974
NSL-223A886-3-74	April 1, 1974 to April 1, 1975
NSL-223A886-3-75	April 1, 1975 to April 1, 1976
T-NSL-138T376-1-76	April 1, 1976 to April 1, 1977
T-NSL-138T376-1-77	April 1, 1977 to April 1, 1978
T-NSL-138T376-1-78	April 1, 1978 to April 1, 1979
T-NSL-138T376-1-79	April 1, 1979 to April 1, 1980
TR-SLG-138T376-1-82	April 1, 1982 to April 1, 1983

The Travelers Indemnity Company of Connecticut (f.k.a. The Travelers Indemnity Company of Rhode Island)

<u>Policy Number</u>	<u>Period of Coverage</u>
TREE-NSL-138T376-1-80	April 1, 1980 to April 1, 1981

The Travelers Indemnity Company

<u>Policy Number</u>	<u>Period of Coverage</u>
TR-SLG-138T376-1-83	April 1, 1983 to April 1, 1984
TL-EH-187T952-1-83	September 9, 1983 to April 1, 1984
TR-SLG-138T376-1-84	April 1, 1984 to April 1, 1985
TL-EH-187T952-1-84	April 1, 1984 to April 1, 1985
TR-SLG-138T376-1-85	April 1, 1985 to April 1, 1986
TL-EH-187T952-1-85	April 1, 1985 to April 1, 1986
T-GLSA-138T376-1-86	April 1 1986 to April 1, 1987



McKesson

McKesson Environmental Services, Inc.

MacDERMID, INC.

HAZARDOUS WASTE

CONTINGENCY PLAN

OCTOBER 1, 1986

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LIST OF ATTACHMENTS

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A.1	Emergency Coordinator and Emergency Supervisor Call List
A.2	Emergency Response Contractor
A.3	Required Reports
B	Hazards of Some Waste Constituents
C	Hazardous Waste and Hazard Information

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I	Emergency Equipment
II	Surrounding Business

INTRODUCTION

Title 22, Division 4 of the California Administrative Code contains the regulations for protection of Environmental Health. Article 20 of this Code addresses the hazardous waste generator's responsibilities in planning effective responses to hazardous waste emergencies. The Contingency Plan outlined here satisfies these requirements. Please note that this plan can be applied to most chemical emergencies and may be used in part, or in whole, to comply with community and employee right-to-know programs.

MacDermid will revise the Contingency Plan when:

- The Plan fails;
- the facility permit is revised;
- the regulations are revised;
- the facility changes in design, construction, operation or otherwise increases it's potential for fires, explosions or releases of hazardous waste;
- the Emergency Coordinator changes;
- the emergency equipment changes.

DEFINITIONS

The types of emergencies discussed in this Contingency Plan are:

Structural Fires - A structural fire is any fire involving the walls, ceiling, floor, beams or any other part of the building.

Incipient Fire - An incipient fire is any fire involving isolated containers, trash, or equipment. An uncontrolled incipient fire may spread to part of the building and become a structural fire.

Spill - Any spill of waste or a combination of waste and pure product may be placed in this category.

Explosion - This includes any sudden, excessive release of pressure of both waste or near by stored products.

Earthquake

EMERGENCY RESPONSE

STRUCTURAL FIRE

The MacDermid facility is protected by a sprinkler system which is monitored by National Guardian Alarm. In the event of a fire, the sprinkler system will be activated thereby transmitting an alarm to National Guardian Alarm, who then notifies the Fire Department. The Emergency Coordinator will turn off the gas and electric at the control box as soon as possible. Do not attempt to extinguish a large fire with a fire extinguisher. Fire extinguishers have a limited capacity and may aggravate the situation if improperly used. If the fire is consuming stored chemicals or waste EVACUATE IMMEDIATELY. Follow the procedures outlined in the Evacuation Plan (Attachment A).

When the fire is under control, Emergency Supervisors Manny Pulide and Pete Kausteklis are to shut off the sprinkler valve to minimize water damage. They are to remain at that location in the event the fire should erupt.

INCIPIENT FIRES

Incipient fires may be small enough to fight using an appropriate fire extinguisher. Do not attempt to fight any fire in a chemical facility without appropriate protective equipment. Before initiating any activities, consider the source of the fire (e. g., general trash, hazardous waste, stored chemicals) and the possibility of hazardous decomposition products. Attachment B lists each waste stored at MacDermid and summarizes their hazardous properties. Attachment C provides a more detailed explanation of the hazards of some of the components of each waste.

If the fire can be fought safely with a fire extinguisher, do so only after obtaining appropriate protective equipment. If the fire is too large to fight safely, follow the procedures in the Evacuation Plan (Attachment A).

EXPLOSION

Immediately evacuate the facility. Use the procedures outlined in the Evacuation Plan (Attachment A). Do not enter the area without respiratory protection. If possible to do safely, determine the source of the explosion.

SPILL - NO FUMES

Keep all unnecessary personnel and all visitors away from the area. If it is possible to do safely, try to stop the spill. Methods to accomplish this may include rolling the leaking drum so that the leak is at the top, plugging the leak or shutting off the feed lines to the tank/drum.

Try to contain the spill to as small an area as possible by surrounding the liquid with Quicksorb, sand or other absorbent material. If the spill is near storm sewers or drains, cover them with rubber mats. Make sure you choose a mat that is compatible with the waste or chemicals spilled. The Emergency Equipment available at MacDermid is listed in Table 1.

Identify the leaking material before you attempt to clean up. The wastes at MacDermid may require neutralization in order to clean the spilled area completely.

Clean-up actions should include:

- Absorbing all liquid waste;
- Sweeping or shoveling absorbed waste into labeled recovery drum;
- Sealing the recovery drum(s) and placing it into the accumulation area;
- Rinsing the spill area with water or a neutralizing solution. Limit the amount of water or solution used. Too much results in a larger contaminated area and too little will not do the job thoroughly;
- For cyanide spills, rinsing with a solution of hypochlorite;
- After each rinse, absorbing the rinsate and placing it into a labeled recovery drum;
- Placing the leaking drum into a labeled recovery drum. Fill the free space with absorbent material;
- Do not work alone in the spill area; and
- Wearing protective clothing when sweeping and neutralizing.

LARGE SPILL - FUMES

Immediately evacuate the building using the procedures outlined in the Evacuation Plan (Attachment A). Trained personnel wearing maximum protective equipment may enter the area. It is recommended that MacDermid employees not enter the area of a spill emitting fumes. Instead, call the appropriate emergency response team and/or contractors.

EARTHQUAKE

In the event of an earthquake, personnel and visitors in the office will be instructed to stay indoors and take cover under a desk, doorway or against an inside wall. Stay away from windows and light fixtures. Personnel inside the warehouse should move as far as possible from the racks and should take cover against an inside wall if possible. As soon as possible after the quake, the Emergency Coordinator will shut off the gas and electricity at the control box.

When the quake has ceased, all personnel and any visitors should meet at a safe location to determine if everyone is safe.

ATTACHMENT A

Emergency Evacuation Plan
MacDermid, Incorporated
Los Angeles

In the event of an emergency that requires evacuation, the following sequence of events will occur:

STEP ONE: An emergency has occurred.

STEP TWO: Personnel at the scene determine that evacuation is necessary and notify everyone in the immediate area.

STEP THREE: The Emergency Coordinator (EC) is notified at home or at the facility. If the EC is not at the facility, the Emergency Supervisor (ES) of the area will act in his/her place. Attachment A.1 is a call list of each ES and EC.

STEP FOUR: The EC instructs the facility to evacuate via the page system.

Dial 80	Warehouse
Dial 81	Inside Offices

STEP FOUR A: The EC notifies:

1. Fire Department 9-911, 9-384-3131
2. Emergency Response Contractors
(see Attachment A.2)
3. Local Hazardous Materials Team
4. State Office of Emergency Services
9-1-916-427-4990

The EC will provide the above-listed groups the following information:

1. Company name, address and phone number
2. Location of the emergency

3. Type of emergency (e.g., fire, spill)
4. Sources of hazard (e.g., chemicals, pressurized drums, etc.)
5. Danger to surrounding environment

The EC will meet the groups at the entrance and assist in any way necessary.

STEP FOUR B: At the same time, the Emergency Supervisors will facilitate the evacuation by:

1. Directing personnel and vistors to a safe location and then;
2. Determining if everyone is out of the facility by conducting a head count check.

Emergency Supervisors are listed in Attachment A.1.

STEP FIVE: The EC will give the "all clear" signal to the ES when it is safe to resume operations.

STEP SIX: The EC will submit all the required reports and allocate the resources necessary for appropriate clean-up and corrective action. (See Attachment A.3)

ATTACHMENT A.1

Emergency Coordinator and
Emergency Supervisor
Call List

A. EMERGENCY COORDINATOR	HOME PHONE	HOME ADDRESS
James Tunncliff Manufacturing and Distribution Manager	FOIA ex 6 Personal Privacy [REDACTED]	[REDACTED]
B. EMERGENCY SUPERVISOR	PLANT PHONE	
Manny Pulido Warehouse	FOIA ex 6 Personal Privacy [REDACTED]	
Beverly Easley 1st Floor Offices	FOIA ex 6 Personal Privacy [REDACTED]	
Pete Kausteklis Analytical Lab	FOIA ex 6 Personal Privacy [REDACTED]	

ATTACHMENT A.2

Emergency Response Contractors

Contractor Address	Contact Person	Phone No.	Description
Disposal Control 1369 W. 9th Street Upland, CA 91786	Larry Fink	(213) 824-3345	Hauling, Vacuum Trucks, Clean-up Lab-Packs.
Chem-Waste Mgmt PO Box 471 Kettleman City, CA 93239	Mark Langowski	(209) 386-9711	Hazardous Waste Disposal, Lab- Packs, Waste Treatment, Hauling
Spencer and Jones P. O. Box 2596 La Puente, CA 91746	Jerry Masson	(818) 369-1811	General Contractor
McKesson Envi. Svcs 5419 Jillson Ave Commerce, CA 90040	Stacy Deal	(213) 725-6916	Clean-up Action, Regulatory Liaison Reporting, Consulting

ATTACHMENT A.3

Reports That May Be Required Following a Hazardous Waste Emergency

1. Report to the Department of Health Services (DOHS) prior to resuming operations. The report states that the facility:
 - a. Has cleaned up all incompatible materials;
 - b. Has cleaned, replaced, and/or repaired all emergency equipment and that it is ready for it's intended use.
2. Within 15 days, report to the DOHS:
 - a. Your corporation's name, address and telephone number;
 - b. The facility's name, address and telephone number;
 - c. Time, date and type of incident;
 - d. Name and quantity of material involved;
 - e. Extent of any injuries;
 - f. An assessment of actual or potential hazards to human health and the environment, and;
 - g. Estimated quantity and disposition of recovered material.

ATTACHMENT B

HAZARDS OF SOME
WASTE CONSTITUENTS

CHEMICAL NAME

HAZARD SUMMARY

BORIC ACID

INCOMPATIBILITIES: Potassium, (CH₃O)₂O

CHLORIDES

Varies widely. Sodium chloride (table salt) has very low toxicity, while carbonyl chloride (phosgene) is lethal in small doses. See specific entries.

DISASTER HAZARD: Dangerous; when heated to decomposition or on contact with acids or acid fumes, they evolve highly toxic chloride fumes, they evolve highly toxic chloride fumes. Some organic chlorides decompose to yield phosgene.

CHROMIC ACID

OSHA: TLV: AIR: 100mg/m³
A poison.

HAZARD: When heated to decomposition it emits smoke and irritating fumes.

INCOMPATIBILITIES: Acetone.

COPPER

OSHA: TLV: AIR: 0.2mg/m³ (fume)
1/mg/m³ (dust, mist)
High toxicity by ingestion.

FIRE AND EXPLOSION HAZARD: Reacts violently with C₂H₂, NH₄NO₃, bromates, chlorates, iodates, Cl₂, ClF₃, (Cl₂ + OF₂), ethylene oxide, F₂, H₂O₂, hydrazine mononitrate, hydrazoic acid, H₂S, Pb(N₃)₂, K₂O₂, NaN₃, Na₂O₂.

INCOMPATIBILITIES: 1-bromo-2-propyne.

CYANIDE

OSHA: TLV: AIR: 5/mg/m³

Cyanide directly stimulates the chemoreceptors of the carotid and aortic bodies with a resultant hyperpnea. Cardiac irregularities are often noted, but the heart invariably outlasts the respirations. Death is due to respiratory arrest of central origin. It can occur within seconds or minutes of the inhalation of high concentrations of hydrogen cyanide gas. Because of

CHEMICAL NAME

HAZARD SUMMARY

CYANIDE (con't.)

slower absorption, death may be more delayed after the ingestion of cyanide salts, but the critical events still occur within the first hour.

Two other sources of cyanide have been responsible for human poisoning. One of these is amygdalin, a cyanogenic glycoside found in apricot, peach, and similar fruit pits and in sweet almonds. Amygdalin is a chemical combination of glyucose, benzaldehyde, and cyanide from which the latter can be released by the action of B-glucosidase or emulsin. Although these enzymes are not found in mammalian tissues, the human intestinal microflora appears to possess these or similar enzymes capable of effecting cyanide resulting in human poisoning. For this reason amygdalin may be as much as 40 times more toxic by oral route as compared with intravenous injection. Amygdalin is the major ingredient of laetrile, and this alleged anticancer drug has also been responsible for human cyanide poisoning. An ethical drug that may also cause cyanide poisoning in overdose is the potent vascular smooth muscle relaxant sodium nitroprusside. Although nitroprusside is related chemically to ferricyanide, unlike the latter it penetrates into erythrocytes and reacts with hemoglobin to release its cyanide (Smith and Kruszyna, 1974). Fortunately, the therapeutic margin for nitroprusside appears to be quite large.

Cyanide is commonly found in certain rat and pest poisons, silver and metal polishes, photographic solutions, and fumigating products. Compounds such as potassium cyanide can also be readily purchased from chemical stores. Cyanide is readily absorbed from all routes, including the skin, mucous membranes and by inhalation, although alkali salts of cyanide are toxic only when ingested. Death may occur with ingestion of even small amounts of sodium or potassium cyanide and can occur within minutes or hours depending on route of exposure.

Inhalation of toxic fumes represents a potentially rapidly fatal type of exposure. Sodium nitroprusside (Smith and Kruszyna, 1974) and apricot seeds (Sayre and Kaymakcalan, 1964) have also caused cyanide poisoning. A blood cyanide level of greater than 0.2 ug/ml is considered toxic. Lethal cases have usually had levels above 1 ug/ml.

CHEMICAL NAME

HAZARD SUMMARY

CYANIDE (con't.)

Clinically, cyanide poisoning is reported to produce a bitter, almond odor on the breath of the patient; however, only a small proportion of the population is genetically able to discern this characteristic odor.

Typically, cyanide has a bitter, burning taste and following poisoning, symptoms of salivation, nausea without vomiting, anxiety, confusion, vertigo, giddiness, lower jaw stiffness, convulsions, opisthotonos, paralysis, coma, cardiac arrhythmias, and transient respiratory stimulation followed by respiratory failure may occur. Bradycardia is a common finding, but in most cases heartbeat usually outlasts respiration (Wexler et al., 1947). A prolonged expiratory phase is considered to be a characteristic of cyanide poisoning. The volatile cyanides resemble hydrocyanic acid physiologically, inhibiting tissue oxidation and causing death through asphyxia. Cyanogen is probably as toxic as hydrocyanic acid; the nitriles are generally considered somewhat less toxic, probably because of their lower volatility. The non-volatile cyanide salts appear to be relatively non-toxic systemically, so long as they are not ingested and care is taken to prevent the formation of hydrocyanic acid. Workers such as electroplaters and picklers, who are daily exposed to cyanide solutions may develop a "cyanide" rash, characterized by itching, and by macular, papular, and vasicular eruptions. Frequently there is secondary infection. Exposure to small amounts of cyanide compounds over long periods of time is reported to cause loss of appetite, headache, weakness, nausea, dizziness, and symptoms of irritation of the upper respiratory tract and eyes.

FIRE HAZARD: Moderate, by chemical reaction with heat, moisture, or acid. Many cyanides evolve hydrocyanic acid rather easily. This is a flammable gas and is highly toxic. Carbon dioxide from the air is sufficiently acidic to liberate hydrocyanic acid from cyanide solutions.

EXPLOSION HAZARD: Explodes if melted with nitrites or chlorates at about 450 F. Violent reaction with F₂, Mg, nitrates, HNO₃, nitrites.

DISASTER HAZARD: Dangerous; on contact with acid, acid fumes, water or steam, they will produce toxic and flammable vapors.

CHEMICAL NAME

HAZARD SUMMARY

FORMALDEHYDE

Clear, water-white, very slightly acid, gas or liquid, pungent odor. Pure formaldehyde is not available commercially because of its tendency to polymerize. It is sold as aqueous solutions containing from 37% to 50% formaldehyde by weight and varying amounts of methanol. Some alcoholic solutions are used industrially and the physical properties and hazards may be greatly influenced by the solvent.

TLV: Air: 2 ppm

OSHA Standard: Air: TWA: 3 ppm

Highly irritating to skin, eyes, mucous membranes. If swallowed it causes violent vomiting and diarrhea which can lead to collapse. A fungicide. A common air contaminant. Frequently or prolonged exposure can cause hypersensitivity leading to contact dermatitis, possibly of an eczematoid nature. At air concentrations of 20 ppm is irritating to eyes.

FIRE HAZARD: Very dangerous for gas, moderately for dangerous vapors. Will burn above flash point if exposed to flame, sparks, etc. Should formaldehyde be involved in a fire, irritating gaseous formaldehyde may be evolved.

EXPLOSION HAZARD: When aqueous formaldehyde solutions are heated above their flash points, a potential for explosion hazard exists. High formaldehyde concentration or methanol content lowers flash point. Reacts with nitrogen oxides at about 180 F; the reaction becomes explosive. Also reacts violently with (HClO 4-aniline) and performic acid, nitromethane; magnesium carbonate, H₂O₂.

DISASTER HAZARD: Moderately dangerous; because of irritating vapor which may be in toxic concentration locally if storage tank is ruptured.

TO FIGHT FIRE: Stop flow of gas (for pure form); alcohol foam for 37% methanol-free form.

HYDROCHLORIC ACID

TLV: AIR: 5 ppm

DOT: Corrosive Material

Moderately irritating to skin, eyes and mucous membranes and via oral and inhalation routes. Hydrochloric acid is

CHEMICAL NAME

HAZARD SUMMARY

HYDROCHLORIC ACID (con't.)

an irritant to the mucous membranes of the eyes and respiratory tract, and at concentrations of 35 ppm causes irritation of the throat after short exposure. Concentrations of 50-100 ppm are tolerable for 1 hour.

More severe exposures result in pulmonary edema, and often laryngeal spasm. Concentrations of 1,000-2,000 ppm are dangerous, even for brief exposures. Mists of hydrochloric acid are considered less harmful than the anhydrous hydrogen chloride, since the droplets have no dehydrating action. In general, hydrochloric acid causes little trouble in industry, other than from accidental splashes and burns. It is used as a general purpose food additive. It is a common air contaminant. Violent reactions with acetic anhydride, 2-amino ethanol, NH_4OH , Ca_3P_2 , chlorosulfonic acid, ethylene diamine, ethylene imine, oleum, HClO_4 , B-propiolactone, propylene oxide, ($\text{AgClO}_4 + \text{CCl}_4$), NaOH , H_2SO_4 , U_3P_4 , vinyl acetate. Also CaC_2 , CsC_2H , Cs_2C_2 , Li_6Si , Mg_3B_2 , HgSO_4 , RbC_2H , Rb_2C_2 , sodium.

DISASTER HAZARD: Dangerous; see chlorides; will react with water or steam to produce toxic and corrosive fumes.

LEAD

OSHA: TWA: AIR: 200/mg/m³

Carcinogenic Determination: Indefinite IARC.
(International Agency for Research on Cancer)

Effects human central nervous system; Moderate irritation. A common air contaminant. It is a carcinogen of the lungs and kidney and an experimental teratogen.

FIRE HAZARD: Moderate, in the form of dust when exposed to heat or flame.

EXPLOSION HAZARD: Moderate, in the form of dust when exposed to heat or flame.

INCOMPATIBILITIES: NH_4NO_3 , ClF_3 , H_2O_2 , NaN_3 , Na_2C_2 , Zr, disodium acetylide; oxidants.

DISASTER HAZARD: Dangerous; when heated emits highly toxic fumes; can react vigorously with oxidizing materials.

CHEMICAL NAME

HAZARD SUMMARY

NICKEL

OSHA: TWA: AIR: 1/mg/m3 (skin)
DOT: Flammable solid

An experimental carcinogen, equivocal tumorigenic agent, neoplastic effects high acute intertracheal, intravenous, oral. Reacts violently with F2, NH4NO3, hydrazine, NH3, (H2 + dioxane), performic acid, phosphorous, selenium, sulfur, (Ti + KClO3).

INCOMPATIBILITIES: Aluminium; chloride, ethylene; p-dioxan; hydrogen; methanol; non-metals; oxidants; sulfur compounds.

CAUTION: May cause dermatitis in sensitive individuals. Ingestion of soluble salts causes nausea, vomiting, diarrhea.

PALLADIUM

This metal in the form of palladium chloride has been administered orally in dosage of about 1 grain daily in the treatment of tuberculosis without apparent ill effects. Applied locally to the skin, palladium chloride shows little or no irritation. In experimental animals, palladium chloride has been given intravenously producing damage to bone marrow, liver and kidneys when the dosage was of the order of 0.5-1.0 mg/kg. In the laboratory, Pd appears to bind to many cell components; blocks the action of a number of enzymes and interferes with the use of energy by nerves and muscles; induces lung malfunction and produces abnormal fetuses. Lethal intravenous doses cause appetite loss, hemolysis, renal deposition and bone marrow damage.

DISASTER HAZARD: The dust of palladium can be a fire and explosion hazard.

FIRE HAZARD: Slight, in the form of dust, when exposed to heat or flame. Violent reaction with aluminum (H2 + isopropyl alcohol), OF2, sulfur.

INCOMPATIBILITIES: Arsenic; carbon; ozonides; sodium tetrahydroborate; sulfur.

POTASSIUM CYANIDE

Colorless water solution. Slight odor of bitter almonds.

OSHA: TWA 5/mg(CN)/M3 (skin)
DOT: POISON B

CHEMICAL NAME

HAZARD SUMMARY

POTASSIUM CYANIDE (con't.)

A deadly poison. Reacts with acids or acid fumes to liberate deadly hydrogen cyanide gas.

DISASTER HAZARD: When heated to decomposition it emits very toxic fumes of cyanide and nitrogen oxide.

INCOMPATIBILITIES: Nitrogen trichloride; perchloryl fluoride; sodium nitrite; acids; alkaloids; chloral hydrate; iodine.

POTASSIUM HYDROXIDE

TLV: Air 2mg/m³

DOT: Corrosive material (Liquid)

An experimental skin irritant. A poison. Very corrosive and irritating to skin, eyes and mucous membranes. A general-purpose food additive. See also sodium hydroxide. Ingestion may cause violent pain in throat and epigastrium, hematemesis, collapse. Stricture of esophagus may result if not immediately fatal.

INCOMPATIBILITIES: Acids; ammonium hexachloroplatinate (2-); chlorine dioxide; germanium; hyponitrous acid; maleic anhydride; nitroalkanes; nitrobenzene; nitrogen trichloride; potassium peroxodisulphate; 2,2,3,3-tetrafluoropropanol; tetrahydrofuran; thorium dicarbide; 2,4,6-trinitrotoluene.

SODIUM CYANIDE

OSHA: TWA: (air) 5/mg(CN)/M³ (skin)

DOT: POISON B

Very poisonous. Violent reaction with nitrates and nitrites. See also cyanides. The volatile cyanides resemble hydrocyanic acid physiologically, inhibiting tissue oxidation and causing death through asphyxia. Cyanogen is probably as toxic as hydrocyanic acid; the nitriles are generally considered somewhat less toxic, probably because of their lower volatility. The non-volatile cyanide salts appear to be relatively non-toxic systemically, so long as they are not ingested and care is taken to prevent the formation of hydrocyanic acid. Workers, such as electroplaters and picklers, who are daily exposed to cyanide solutions may develop a "cyanide" rash, characterized by itching, and by macular, papular, and vesicular eruptions. Frequently there is secondary infection. Exposure to small amounts of cyanide compounds over long periods of

CHEMICAL NAME

HAZARD SUMMARY

SODIUM CYANIDE (con't.)

time is reported to cause loss of appetite, headache, weakness, nausea, dizziness and symptoms of irritation of the upper respiratory tract and eyes. See also specific compounds.

FIRE HAZARD: Moderate, by chemical reaction with heat, moisture, acid. Many cyanides evolve hydrocyanic acid rather easily. This is a flammable gas and is highly toxic. Carbon dioxide from the air is sufficiently acidic to liberate hydrocyanic acid from cyanide solution.

EXPLOSION HAZARD: Explodes if melted with nitrite or chlorate @ about 450 F. Violent reaction with F2, magnesium, nitrates, HNO3, nitrites.

DISASTER HAZARD: Dangerous; on contact with acid, acid fumes, water or steam, they will produce toxic and flammable vapors of cyanide and sodium cyanide.

SODIUM HYDROXIDE

OSHA: TWA 2mg/m3

DOT: Corrosive Material

A skin and eye irritant. This material, both solid and in solution, has a markedly corrosive action upon all body tissue. The symptoms of irritation are frequently evident immediately. Its corrosive action on tissue causes burns and frequently deep ulceration, with ultimate scarring. Prolonged contact with dilute solutions has a destructive effect upon tissue. Mists, vapors, and dusts of this compound cause small burns, and contact with the eyes, either in the solid or solution form, rapidly causes severe damage to the delicate tissue. Ingestion either in the solid or solution form causes very serious damage to the mucus membranes or other tissues with which contact is made. It can cause perforation and scarring. Inhalation of the dust or concentrated mist can cause damage to the upper respiratory tract and to lung tissue, depending upon the severity of the exposure. Thus, effects of inhalation may vary from mild irritation of the mucus membranes to a severe pneumonitis. It can cause an irritant dermatitis. It is a general food additive; it migrates to food from packaging materials. Caution: Under the proper conditions of temperature, pressure and state of division, it can react violently with acetic acid; acetaldehyde; acetic anhydride; acrylonitrile;

CHEMICAL NAME

HAZARD SUMMARY

SODIUM HYDROXIDE (con't.)

allyl alcohol; allyl chloride; Al; CLF3; (CHCl3 + CH3OH); chlorohydrin; chloronitrotoluenes; chlorosulfonic acid; 1,2-dichloroethylene; ethylene cyanhydrin; glyoxal, HCl; HF; hydroquinone; maleic anhydride; HNO3; (CH3OH + tetrachlorobenzene); tetrahydrofuran; trichloroethylene; 4-chloro-2-methylphenol; cinnamaldehyde; cyanogen azide; diborane; 4-methyl-2-nitrophenol; 3-methyl-2-penten-4-yn-1-ol; 1,2,4,5-tetrachlorobenzene; 1,1,1-trichloroethanol; trichloronitromethane; zinc; zirconium.

DISASTER HAZARD: Dangerous.

TREATMENT AND ANTIDOTES: Quickly remove caustic from skin with a deluge shower. Remove clothing. Use plenty of water. If eyes are involved, irrigate for 15 min. Call a doctor.

SULPHATES

Variable. In general the toxic qualities of substances containing the sulfate radical is that of the material (cation) with which the sulfate (anion) is combined. See specific compound. Violent reaction with aluminum, magnesium.

SULPHURIC ACID

OSHA: AIR: TWA: 1mg/m3
DOT: Corrosive material

Extremely irritating, corrosive and toxic to tissue. Contact with the body results in rapid destruction of tissue, causing severe burns. No systemic effects due to continual ingestion of small amounts of this material have been noted. There are systemic effects secondary to tissue damage caused by contact with it. However, repeated contact with dilute solutions can cause a dermatitis, and repeated or prolonged inhalation of a mist of sulfuric acid can cause an inflammation of the upper respiratory tract leading to chronic bronchitis. Sensitivity to sulfuric acid or mists or vapors varies with individuals. Normally 0.125-0.50 ppm may be mildly annoying and 1.5-2.5 ppm can be definitely unpleasant. 10-20 ppm is unbearable.

Workers exposed to low concentrations of the vapor gradually lose their sensitivity to its irritating action. Inhalation of concentrated vapor or mists from hot acid or oleum can cause rapid loss of consciousness with serious damage to lung tissue. In concentrated form it acts as a powerful caustic to the skin

CHEMICAL NAME

HAZARD SUMMARY

SULPHURIC ACID (con't.)

destroying the epidermis and penetrating some distance into the skin and subcutaneous tissues, in which it causes necrosis. This causes great pain, and, if much of the skin is involved, it is accompanied by shock, collapse and symptoms similar to those seen in severe burns. The fumes or mists of this material cause coughing and irritations of the mucous membranes of the eyes and upper respiratory tract. Severe exposure may cause a chemical pneumonitis; erosion of the teeth due to exposure to strong acid fumes has been recognized in industry. It is used as a general purpose food additive; it migrates to food from packaging materials. A common air contaminant.

FIRE HAZARD: This is a very powerful, acidic oxidizer which can ignite or even explode on contact with many materials; i.e., acetic acid, acetone cyanhydrin, (acetone + HNO₃), (acetone + K₂Cr₂O₇), acetonitrile, acrolein, acrylonitrile, (acrylonitrile + H₂O), (alcohols + H₂O₂), allyl alcohol, allyl chloride, NH₄OH, 2-amino ethanol, NH₄ triperchromate, aniline, (bromates + metals), BrF₅, n-butyraldehyde, carbides, CoHC₂, chlorates, (metals + chlorates), ClF₃, chlorosulfonic acid, Cu₃N, diisobutylene. (dimethyl benzylcarbinol + H₂O₂), epichlorohydrin, ethylene cyanhydrin, ethylene diamine, ethylene glycol, ethylene imine, fulminates, hydrochloric acid, hydrogen, IF₇, (indene + HNO₃), iron, isoprene, Li₆Si₂, Hg₃N₂, mesityl oxide, metals, (HNO₃ + glycerides), p-nitrotoluene, perchlorates, HClO₄, (C₆H₆ + permanganates), pentasilver trihydroxydiamino phosphate, (1-phenyl-2methyl propyl alcohol + H₂O₂), B-pyridine, Na, Na₂CO₃, NaOH, steel styrene monomer, water vinyl acetate, (HNO₃ + toluene).

DISASTER HAZARD: Dangerous; when heated, emits highly toxic fumes; will react with water or steam to produce heat; can react with oxidizing or reducing materials. Emits toxic fumes of sulfur oxides.

TREATMENT AND ANTIDOTES: Speed in removing this material from contact with the body is of primary importance. Start first aid at once. In all cases of contact in any form, delay can result in serious injuries and all persons injured should be referred to a physician. However, immediately give prolonged applications of running water to wash the material off the body. Remove contaminated clothing. Subject

CHEMICAL NAME

HAZARD SUMMARY

SULPHURIC ACID (con't.)

patient to a deluge type of shower if this is available. Do not attempt to neutralize the acid in contact with the skin until all areas of contact have been thoroughly irrigated with running water. Then applications of mild alkaline solutions may be in order. Shock symptoms will often be noticed in cases of severe or extensive burns. In such a case, put patient on his back, keep him warm but not hot until physician arrives. Do not apply oils or ointments to burned area without instructions from a physician. If eyes are involved, they should immediately be irrigated with warm water for at least 15 minutes.

If the material has been taken internally, it causes burns of the mucous membranes of the throat, esophagus and stomach. Do not attempt to induce vomiting in patients who have swallowed strong solutions of sulfuric acid. Do not give anything by mouth to an unconscious patient. If he is conscious, encourage him to wash out his mouth with copious amounts of water, then have him drink milk mixed with whites of eggs. If this is not available, have him drink as much water as possible. Get medical help.

TETRAFLUOROBORATE

OSHA: TLV: Not established
DOT: Corrosive Material

A corrosive material irritant to skin, eyes and mucous membranes.

DISASTER HAZARD: When heated to decomposition it emits toxic fumes of fluoride ions and boron oxides.

TIN

NIOSH: TLV: 0.1 mg/m³ (10hr TWA)
(National Institute of Occupational Safety and Health)

Elemental tin is not generally considered toxic. Some inorganic tin salts are irritating or can liberate toxic fumes on decomposition. The latter is particularly true of tin halogens. Alkyl tin compounds may be highly toxic and produce skin rashes. Dust of tin oxides have caused pneumoconiosis, which is relatively benign. Organic tin compounds are absorbed via the skin, many are highly toxic.

ZINC

OSHA: TLV: Not established

Pure zinc powder, dust, fume is relatively non-toxic to humans via irritation of inhalation. The difficulty

CHEMICAL NAME

HAZARD SUMMARY

ZINC (con't.)

humans via irritation or inhalation. The difficulty arises from oxidation of zinc fumes prior to inhalation or presence of impurities such as cadmium, antimony, arsenic, lead.

FIRE HAZARD: Moderate in the form of dust when exposed to heat or flame.

EXPLOSION HAZARD: In the form of dust when reacted with acids.

INCOMPATIBILITIES: NH_4NO_3 ; BaO_2 ; $\text{Ba}(\text{NO}_3)_2$; Cd; CS_2 ; chlorates; Cl_2 , ClF_3 ; CrO_3 ; (ethyl acetoacetate + tribromoneopentyl alcohol); F_2 ; hydrazine mononitrate; hydroxylamine; $\text{Pb}(\text{N}_3)_2$; ($\text{Mg} + \text{Ba}(\text{NO}_3)_2 + \text{BaO}_2$); MnCl_2 ; HNO_3 ; performic acid; KClO_3 ; KNO_3 ; K_2O_2 ; Se; NaClO_3 ; Na_2O_2 ; S; Te; H_2O ; $(\text{NH}_4)_2\text{S}$; As_2O_3 ; CS_2 ; CaCl_2 ; NaOH ; chlorinated rubber; catalytic metals; halocarbons; o-nitroanisole; nitrobenzene; non-metals; oxidants; paint primer base; pentacarbonyliron; transition metal halides; seleninyl bromide.

TO FIGHT FIRE: Special mixtures of dry chemical.

Sac, Irving, N., "DANGEROUS PROPERTIES OF INDUSTRIAL MATERIALS", pages 511-512, 672-673, 804, 822, 1451-1452, 1545, 1688-1689, 1990-1991, 2113, 2273, 2421, 2434-2435, 2482, 2487-2488, 2587, 2581-2582, 2751, Van Nostrand Reinhold Company, New York, 1984.

ATTACHMENT C

HAZARDOUS WASTE AND HAZARD INFORMATION

WASTE NAME AND DESCRIPTION	HAZARD INFORMATION
NICKEL PLATING SOLUTIONS pH 4.0-5.0 Primary Contents: Nickel, Sulfate Chloride, Boric Acid	Weak Acid: Irritant - Skin, Eyes, Respiratory Allergic Response: Skin Contact due to Nickel Cancer: Airborne nickel dust
TIN/LEAD PLATING SOLUTIONS pH < 1 Primary Contents: Tin, Lead Fluoboric Acid	Strong Acid: Corrosive - Skin, Eyes Respiratory Poison: Ingestion or inhalation of lead Incompatibilities: Heat from metal working activities
CHROMIC ACID PLATING SOLUTIONS pH < 1 Primary Contents: Chromic Acid	Strong Acid: Corrosive - Skin, Eyes Respiratory Cancer: Chrome VI fume Incompatibilities: Heat from metal working activities
ACID COPPER SOLUTION pH < 1 Primary Contents: Copper, Sulfuric	Strong Acid: Corrosive - Skin, Eye, Respiratory Explosion: Amine complexes of copper possibly explosive Incompatibilities: Heat from metal working activities
ELECTROLESS COPPER PLATING SOLUTION pH 8-10 Primary Contents: Copper, Sodium Hydroxide, Formaldehyde	Weak Base: Irritant - Eye, Skin, Respiratory Cancer: Formaldehyde - Suspect carcinogen Increased cancer risk in contact with Hydrochloric Acid Explosion: Formaldehyde liquid and copper amines may be explosive Incompatibilities: Heat from metal working activities
ACID ZINC CHLORIDE SOLUTION pH 5.0 - 6.5 Primary Contents: Zinc, Chloride Boric Acid	Weak Acid: Irritant - Skin, Eye, Respiratory Dermatitis/Skin Ulcers possible (ZnCl2) Free Chlorine - Oxidizer, Poison

ATTACHMENT C (CON'T.)

WASTE NAME AND DESCRIPTION	HAZARD INFORMATION
<p>CYANIDE PLATING SOLUTIONS ph 10-11 Primary Contents: Tin, Zinc, Copper Sodium Cyanide, Potassium Cyanide, Sodium Hydroxide, Potassium Hydroxide</p>	<p>Strong Base: Corrosive - Skin, Eye, Respiratory Asphixiant/Poison thru Inhalation, Ingestion, Skin absorbtion possible at low levels - Dermatitis</p>
<p>PALLADIUM CHLORIDE ACTIVATOR SOLUTION ph < 1 Primary Contents: Palladium, Hydrochloric Acid</p>	<p>Strong Acid: Corrosive - Skin, Eye, Respiratory Fire/Explosion: Dust may be explosive. Heat is low hazard. Incompatibilities: Al, (H2 + isopropyl alcohol), OF2, S, Ar, C, Ozonides, Sodium Tetrahydroborate</p>

TABLE I: Emergency Equipment (Con't.)

Equipment Name	Location	Description
Gloves	Admin. Office, Shipping Office	Personal protective equipment. Cloth and rubber gloves.
Hard Hats	Admin. Office, Shipping Office	Personal protective equipment. Use around construction-type areas.
Heavy Duty Plastic Trash Can Liners	Admin. Office, Shipping Office	Clean-up equipment. Use when cleaning non-hazardous residues.
Heavy Tape	Admin. Office, Shipping Office	For securing protective equipment at wrists and ankles.
Large Exhaust Fan		Use to provide additional ventilation.
pH Papers (1-14 range)	Laboratory	Use to estimate the pH of a liquid.
Plug & Dike Plug & Patch	Admin. Office	Use to plug a leaking drum or pipe.
Portable Oxygen Supply Unit	Admin. Office	First aid equipment.
Recovery Drums	West End Warehouse	55-gallon drums approved for transport of hazardous waste.
Replacement Cartridges	Admin. Office, Shipping Office*	Respirator cartridges. Acid mist, dust, organic vapors, ammonia.
Respirators	Admin. Office, Shipping Office*	Full face respirators and variety of cartridges.
Self Contained Breathing Apparatus SCBA	Administration Office	Emergency rescue equipment. Must be used by trained personnel only.
Solusorb		Use to suppress vapors around a spill area.
Teflon Broom		Clean-up equipment. Resistent to chemical spills.

*Available for immediate use at these locations. Long-term respirator and cartridge storage is the "G" section of the warehouse.

TABLE I: Emergency Equipment

Equipment Name	Location	Description
Acid Neutralizer	Laboratory	Liquid or powder to mix with spill to bring pH up to 7.
Acid Resistant Coveralls	Admin Office, Shipping	Personal protective equipment. Worn when handling acid spills.
Acid Suits		Personal protective equipment. Worn when handling large quantities of acid.
Burn Kit	Admin Office, Shipping	First aid equipment. Contains ointment and bandages for heat burns. Not for use with chemical burns.
Caustic Neutralizer	Laboratory	Liquid or powder to mix with spill to bring pH down to 7.
Chemical Spill Control Pillows 4 liter pillow 1 liter pillow 250 milliliter pillow	East End of Warehouse	Absorbent material. Use to contain spills.
Drum Wrench	Shipping Office	Use to open bungs on drums.
Emergency Response Guidebook	Admin Office, Shipping, Laboratory	Quick chemical hazard reference.
Fire Blankets	Admin Office	First aid emergency equipment. Use to douse flames on a burning person.
Fire Extinguishers	Throughout Warehouse, Laboratory, and Offices	Use to extinguish small fires. Be sure to check label to ensure use of the proper extinguisher.
First Aid Kit	Admin. Office, Shipping Office	Contains basic first aid bandages and CPR and choking instructions.
Flashlight	Admin. Office, Shipping Office	One battery powered flashlight.
Full Face Shields	Admin. Office, Shipping Office	Personal protective equipment. Chemical resistant splash guard.

TABLE I: Emergency Equipment (Con't.)

Equipment Name	Location	Description
Teflon Scoop and Dust Pan	Laboratory	Clean-up equipment. Resistent to chemical spills.
Tyvek Suits	Admin Office, Shipping	Personal protective equipment. Use for moderate protection from small splashes of solvent or non-corrosive liquids and dust.
Vermiculite (Quick Sorb)	Shipping Office, Waste Areas	General purpose absorbent.
Vinyl Boots	Admin Office, Shipping	Personal protective equipment.

TABLE II. List of Surrounding Businesses

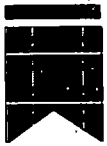
Business Name	Contact Person	Phone No.
Sunland	Max Cohen	(213) 245-7688
Torro Air	Dave MacIntyre	(818) 956-7511
Chuck Malant	Chuck Malant	(818) 241-6408
AAA Paper	Margarita Ruiz	(213) 245-2684
Levitz		(213) 680-0727

SARA 311 & 312 LOS ANGELES
Dine March 1, 1993

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MacDermid
INCORPORATED

245 FREIGHT STREET - WATERBURY, CT 06702 - TELEPHONE (203) 575-5700 - TELEX 4436011 - INTL FAX 203-575-7900 - DOM FAX 203-575-5630

February 26, 1993

Fire Chief
Local Emergency Planning Committee
Los Angeles Fire Department
200 N. Main Street
Los Angeles, Ca 90012

Re: Tier Two, Emergency & Hazardous Chemical Inventory Required Under
Section 312 of SARA Title III

Dear Fire Chief:

Enclosed is the Tier Two Emergency & Hazardous Chemical Inventory for MacDermid, Incorporated at 5439 San Fernando Road West, Los Angeles, CA 90039 Division in accordance with the requirements of Section 312 of SARA Title III notification.

If you have any questions regarding this, please feel free to contact me at (203) 575-5783.

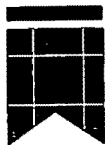
Sincerely,

Adla D. Reddy
Industrial Hygienist

ADR:dmb

Enclosure

cc: Art LoVetere, Gail Little, Cherrie Gillis



MacDermid
INCORPORATED

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February 26, 1993

Mr. W. Medigovich
California Office of Emergency Services
2800 Meadow View Road
Sacramento, Ca 95832

Re: 1992 Title III Section 311 - List

Dear Mr. Medigovich:

Enclosed is the list of chemicals which fell in the category for reporting under Section 311 of SARA Title III. This list can be considered as the master list and supercede the former lists submitted for MacDermid, Inc. warehouse at 5439 San Fernando Road West, Los Angeles, CA 980039.

Please call me at (203) 575-5783 if I can provide any additional information.

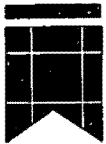
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Enclosure

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INCORPORATED

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Local Emergency Planning Committee
Los Angeles Fire Department
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Los Angeles, CA 90012

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Industrial Hygienist

ADR:dmb

Enclosure

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Adla D. Reddy
Industrial Hygienist

ADR:dmb

Enclosure

cc: Art LoVetere, Gail Little, Cherrie Gillis

**Specific
Information
by Chemical**

FOR OFFICIAL USE ONLY	ID #
	Date Received

Emergency Contact			
Name	<u>GAIL LITTLE</u>	Title	<u>MANAGER</u>
Phone	<u>(714) 594-5891</u>	24 Hr. Phone	<u>714-594-5891</u>
Name	<u>ADLA D. REDDY</u>	Title	<u>Safety, MGR.</u>
Phone	<u>(203) 575-5783</u>	24 Hr. Phone	<u>203-755-0550</u>

☐ Check if information below is identical to the information submitted last year.

Certification <i>(Read and sign after completing all sections)</i> I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through _____, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Adla D. Reddy Corp. Industrial Hygienist </div>		Optional Attachments <div style="margin-top: 10px;"> <input checked="checked" type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures </div>
Name and official title of owner/operator OR owner/operator's authorized representative	Signature	Date signed

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY Specific Information by Chemical	Facility Identification		Owner/Operator Name	
	Name <u>MACDERMID INC.</u>		Name <u>MACDERMID INC.</u>	
	Street <u>5439 SAN FERNANDO ROAD WEST</u>		Phone <u>1 5700</u>	
City <u>LOS ANGELES</u> County <u>CA</u> State <u>CA</u> Zip <u>90039</u>		Mailing Address <u>245 FREIGHT STREET, WATERBURY, CT.</u>		
SIC Code <u>2899</u> Dun & Brad Number <u>00-116-4599</u>		Emergency Contact		
FOR OFFICIAL USE ONLY		Name <u>GAIL LITTLE</u> Title <u>MANAGER</u>		
ID# <u> </u>		Phone <u>(714) 594-5891</u> 24 Hr. Phone <u>714-594-5891</u>		
Date Received <u> </u>		Name <u>ADLA D. REDDY</u> Title <u>Safety, MGR.</u>		
		Phone <u>(203) 575-5783</u> 24 Hr. Phone <u>203-755-0550</u>		

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 1991☐ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Container Type Temperature Pressure	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS <u>1310732</u> Trade Secret <input type="checkbox"/> Chem. Name <u>METALEX W SPECIAL</u> (<u>SODIUM HYDROXIDE</u>) (10311) Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u>	<u>SECTION F.</u>	<input type="checkbox"/>
CAS <u>1310583</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ELN1C 104/05 (10834)</u> <u>POTASSIUM HYDROXIDE</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u>	<u>SECTION D.</u>	<input type="checkbox"/>
CAS <u>7697372</u> Trade Secret <input type="checkbox"/> Chem. Name <u>HEXTENDER (18645)</u> <u>NITRIC ACID 35%</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>NITRIC ACID.</u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u>	<u>SECTION E.</u>	<input type="checkbox"/>

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 26, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Adla D. Reddy Corp. Industrial Hygienist

Signature

Date signed

Optional Attachments

- ☒ I have attached a site plan
- ☐ I have attached a list of see coordinate abbreviations
- ☐ I have attached a description of dikes and other safeguard measures

Name and official title of owner/operator or authorized representative

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific</i> <i>Information</i> <i>by Chemical</i>	Facility Identification Name <u>MACDERMID INC.</u> Street <u>5439 SAN FERNANDO ROAD WEST</u> City <u>LOS ANGELES</u> County <u>CA</u> State <u>CA</u> Zip <u>90039</u> SIC Code <u>2899</u> Dun & Brad Number <u>00-116-4599</u>		Owner/Operator Name <u>(203) 575-700</u> Name <u>MACDERMID INC.</u> Phone <u>1 5700</u> Mail Address <u>245 FREIGHT STREET, WATERBURY, CT.</u>	
	Emergency Contact Name <u>GAIL LITTLE</u> Title <u>MANAGER</u> Phone <u>(714) 594-5891</u> 24 Hr. Phone <u>714-594-5891</u> Name <u>ADLA D. REDDY</u> Title <u>Safety, MGR.</u> Phone <u>(203) 575-5783</u> 24 Hr. Phone <u>203, 755-0550</u>			
	FOR OFFICIAL USE ONLY ID# <u> </u> Date Received <u> </u>			

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 1991☐ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Container Type Temperature Pressure	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS <u>7727211</u> Trade Secret <input type="checkbox"/> Chem. Name <u>MACREP ETCH G-4</u> <u>POTASSIUM PERSULFATE 95% (1925)</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div>	<u>Section J</u> <div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<input type="checkbox"/>
CAS <u>7681381</u> Trade Secret <input type="checkbox"/> Chem. Name <u>METEX M629 (13001)</u> <u>SODIUM BISULFATE 80%</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>I14</u> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div>	<u>Section B</u> <div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<input type="checkbox"/>
CAS <u>7786814</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ELNIC 104 (A) 10833</u> <u>(NICKEL SULFATE)</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div>	<u>SECTION E</u> <div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<input type="checkbox"/>

Certification (Read and sign after completing all sections)

 I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 26, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Adla D. Reddy Corp. Industrial Hygienist

Adla D. Reddy

2/25/92

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Date signed

Optional Attachments

☒
 I have attached a site plan
 I have attached a list of site
 coordinate abbreviations
☐
 I have attached a description of
 dikes and other safeguard measures

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**Specific
Information
by Chemical**Facility Identification**Name MACDERMID INC.
Street 5439 SAN FERNANDO ROAD WEST
City LOS ANGELES County CA State 90039
ZipSIC Code 2899Dun & Brad
Number 00-116-4599FOR
OFFICIAL
USE
ONLY

ID #

Date Received

Owner/Operator NameName MACDERMID INC. Phone (203) 575-5700
Mailing Address 245 FREIGHT STREET, WATERBURY, CT.**Emergency Contact**Name GAIL LITTLE Title MANAGER
Phone (714) 594-5891 24 Hr. Phone 714-594-5891
Name ADLA D. REDDY Title Safety, MGR.
Phone (203) 575-5783 24 Hr. Phone 203-755-0550

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 1991☐ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Container Type Temperature Pressure	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS <u>000090000</u> Trade Secret <input type="checkbox"/> Chem. Name <u>MACUDEP XD 6180 (A)</u> <u>FORMALDEHYDE 8% (12440)</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>FORMALDEHYDE</u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u>	<u>SECTION D</u>	<input type="checkbox"/>
CAS <u>0001310732</u> Trade Secret <input type="checkbox"/> Chem. Name <u>MACDEP XD 6179 B</u> <u>SODIUM HYDROXIDE 5% (12441)</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u>	<u>SECTION E</u>	<input type="checkbox"/>
CAS <u>0001310732</u> Trade Secret <input type="checkbox"/> Chem. Name <u>MACUDEP XD 6178 C</u> <u>SODIUM HYDROXIDE (12442)</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u>	<u>SECTION E</u>	<input type="checkbox"/>

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Adla D. Reddy Corp. Industrial Hygienist

Adla D. Reddy 2/25/92

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Date signed

Optional Attachments

- ☒ I have attached a site plan
- ☐ I have attached a list of site coordinate abbreviations
- ☐ I have attached a description of dikes and other safeguard measures

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY		Facility Identification		Owner/Operator Name	
Specific Information by Chemical		Name <u>MACDERMID INC.</u>		Name <u>MACDERMID INC.</u>	
		Street <u>5439 SAN FERNANDO ROAD WEST</u>		Phone <u>(203) 575-5700</u>	
		City <u>LOS ANGELES</u> County _____ State <u>CA</u> Zip <u>90039</u>		Mailing Address <u>245 FREIGHT STREET, WATERBURY, CT.</u>	
SIC Code <u>2899</u> Dun & Bradstreet Number <u>00-116-4599</u>		Emergency Contact		Name <u>GAIL LITTLE</u> Title <u>MANAGER</u>	
FOR OFFICIAL USE ONLY		ID # _____		Phone <u>(714) 594-5891</u> 24 Hr. Phone <u>714-594-5891</u>	
Date Received _____		Name <u>ADLA D. REDDY</u> Title <u>Safety, MGR.</u>		Phone <u>(203) 575-5783</u> 24 Hr. Phone <u>203-755-0550</u>	
Important: Read all instructions before completing form		Reporting Period		From January 1 to December 31, 19 <u>91</u>	
Check if information below is identical to the information submitted last year. <input type="checkbox"/>					
Chemical Description	Physical and Health Hazards	Inventory	Container Type	Temperature	Storage Codes and Locations (Non-Confidential)
CAS <u>7681381</u> Trade Secret <input type="checkbox"/> Chem. Name <u>METEX CU Alloy (13008)</u> <u>SODIUM BISULFATE</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u>	<u>SECTION D</u>	
CAS <u>7697372</u> Trade Secret <input type="checkbox"/> Chem. Name <u>MACROBRITE (18622)</u> <u>NITRIC ACID 50%</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>NITRIC ACID</u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>D14</u>	<u>Section C</u>	
CAS <u>7647010</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ULTRA BRIGHT 9226</u> <u>HYDROCHLORIC ACID 15% (19226)</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>NITRIC ACID</u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u>	<u>SECTION D.</u>	
Certification: (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through <u>26</u> and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. Adla D. Reddy Corp. Industrial Hygienist Name and official title of owner/operator OR owner/operator's authorized representative Signature <u>Adla D. Reddy</u> Date signed <u>2/25/92</u>					
Optional Attachments <input checked="" type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures					

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**Specific
Information
by Chemical**Facility Identification**Name MACDERMID INC.
Street 5439 SAN FERNANDO ROAD WEST
City LOS ANGELES County CA Zip 90039SIC Code 2899 Dun & Brad Number 00-1116-4599FOR
OFFICIAL
USE
ONLY

ID #

Date Received

Owner/Operator NameName MACDERMID INC. Phone (203) 575-5700
Mailing Address 245 FREIGHT STREET, WATERBURY, CT.**Emergency Contact**Name GAIL LITTLE Title MANAGER
Phone (714) 594-5891 24 Hr. Phone 714-594-5891
Name ADLA D. REDDY Title Safety, MGR.
Phone (203) 575-5783 24 Hr. Phone 203-755-0550

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 1991☐ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Container Type Temperature Pressure	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS <u>6064028</u> Trade Secret <input type="checkbox"/> Chem. Name <u>VERSENE 100 EP (4320)</u> (EDTA) Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u>	<u>SECTION A</u>	<input type="checkbox"/>
CAS <u>7722841</u> Trade Secret <input type="checkbox"/> Chem. Name <u>HYDROGEN PEROXIDE</u> (48305) Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u>	<u>SECTION C</u>	<input type="checkbox"/>
CAS <u>2495398</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SODIUM ALLYL SULFONATE</u> (45870) Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u>	<u>SECTION D</u>	<input type="checkbox"/>

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Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Adla D. Reddy

Date signed

2/25/92**Optional Attachments**

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☐ I have attached a list of site coordinate abbreviations
☐ I have attached a description of dikes and other safeguard measures

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**Specific
Information
by Chemical**Facility Identification**

Name MACDERMID INC.
 Street 5439 SAN FERNANDO ROAD WEST
 City LOS ANGELES County CA State 90039
 Zip 90039

SIC Code 2899 Dun & Brad Number 00-1116-4599

FOR
OFFICIAL
USE
ONLY

ID#

Date Received

Owner/Operator Name

Name MACDERMID INC. Phone (203) 575-5700
 Mail Address 245 FREIGHT STREET, WATERBURY, CT.

Emergency Contact

Name GAIL LITTLE Title MANAGER
 Phone (714) 594-5891 24 Hr. Phone 714-594-5801
 Name ADLA D. REDDY Title Safety, MGR.
 Phone (203) 575-5783 24 Hr. Phone 203-755-0550

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 1991☐ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Container Type Temperature Pressure	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS <u>11647010</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ACID CLEANER (79032)</u> <u>HYDROCHLORIC ACID</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>HYDROCHLORIC</u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<div></div>	<u>SECTION E</u>	<input type="checkbox"/>
CAS <u>2495398</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NIMAC 8170 (18170)</u> <u>SODIUM ALLYL SULFONATE 40%</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<div>E14</div>	<u>SECTION D</u>	<input type="checkbox"/>
CAS <u>6064028</u> Trade Secret <input type="checkbox"/> Chem. Name <u>DES EQUIPMENT CLEANER</u> <u>VERSENE (75053)</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<div>E14</div>	<u>SECTION A</u>	<input type="checkbox"/>

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Adla D. Reddy Corp. Industrial Hygienist

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Adla D. Reddy 2/25/92

Date signed

Optional Attachments

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☐ I have attached a list of site coordinate abbreviations
☐ I have attached a description of dikes and other safeguard measures

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific</i> <i>Information</i> <i>by Chemical</i>	Facility Identification Name <u>MACDERMID INC.</u> Street <u>5439 SAN FERNANDO ROAD WEST</u> City <u>LOS ANGELES</u> County _____ State <u>CA</u> Zip <u>90039</u> SIC Code <u>2899</u> Dun & Brad Number <u>00-116-4599</u>		Owner/Operator Name <u>(203) 575-</u> Name <u>MACDERMID INC.</u> Phone <u>5700</u> Mail Address <u>245 FREIGHT STREET, WATERBURY, CT.</u>	
	Emergency Contact Name <u>GAIL LITTLE</u> Title <u>MANAGER</u> Phone <u>(714) 594-5891</u> 24 Hr. Phone <u>714-594-5891</u> Name <u>ADLA D. REDDY</u> Title <u>Safety, MGR.</u> Phone <u>(203) 575-5783</u> 24 Hr. Phone <u>203-755-0550</u>			
	FOR OFFICIAL USE ONLY ID# _____ Date Received _____			

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Reporting Period

From January 1 to December 31, 1991
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Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS <u>1310732</u> Trade Secret <input type="checkbox"/> Chem. Name <u>MACUDEP CU 840 (R)</u> <u>SODIUM HYDROXIDE (1955)</u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	Container Type <u>E14</u> Temperature _____ Pressure _____ <u>SECTION C-</u>	<input type="checkbox"/>
CAS <u>1310583</u> Trade Secret <input type="checkbox"/> Chem. Name <u>MACVBLACK LT 9281 (1928)</u> <u>POTASSIUM HYDROXIDE 15%</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	Container Type <u>E14</u> Temperature _____ Pressure _____ <u>SECTION F.</u>	<input type="checkbox"/>
CAS <u>7664393</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ACCELERATOR (HIC)</u> <u>(75016)</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	Container Type <u>E14</u> Temperature _____ Pressure _____ <u>SECTION H.</u>	<input type="checkbox"/>

Certification (Read and sign after completing all sections)

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Adla D. Reddy Corp. Industrial Hygienist

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Adla D. Reddy 2/25/92

Date signed

Optional Attachments

- ☒ I have attached a site plan
- ☐ I have attached a list of site coordinate abbreviations
- ☐ I have attached a description of dikes and other safeguard measures

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>MACDERMID INC.</u> Street <u>5439 SAN FERNANDO ROAD WEST</u> City <u>LOS ANGELES</u> County _____ State <u>CA</u> Zip <u>90039</u> SIC Code <u>2899</u> Dun & Brad Number <u>00-1116-4599</u>		Owner/Operator Name _____ (203) 575- Name <u>MACDERMID INC.</u> Phone <u>5700</u> Mailing Address <u>245 FREIGHT STREET, WATERBURY, CT.</u>	
	Emergency Contact Name <u>GAIL LITTLE</u> Title <u>MANAGER</u> Phone <u>(714) 594-5891</u> 24 Hr. Phone <u>714-594-5891</u>		Name <u>ADLA D. REDDY</u> Title <u>Safety, MGR.</u> Phone <u>(203) 575-5783</u> 24 Hr. Phone <u>203-755-0550</u>	
	FOR OFFICIAL USE ONLY ID# _____ Date Received _____			

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Reporting Period

From January 1 to December 31, 1991☐ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Container Type Temperature Pressure	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS <u>50000</u> Trade Secret <input type="checkbox"/> Chem. Name <u>MACUDEP CU 85DA (1920)</u> <u>FORMALDEHYDE</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>FORMALDEHYDE</u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>02</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u>	<u>SECTION C.</u>	<input type="checkbox"/>
CAS <u>50000</u> Trade Secret <input type="checkbox"/> Chem. Name <u>MACUDEP 52A (12453)</u> <u>FORMALDEHYDE</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>FORMALDEHYDE</u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u>	<u>SECTION B.</u>	<input type="checkbox"/>
CAS <u>PROPRIETARY</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SCREEN CLEANER-4</u> <u>DIBASIC ESTER</u> (15075) Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u>	<u>SECTION L.</u>	<input type="checkbox"/>

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 26, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Adla D. Reddy Corp. Industrial Hygienist

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Date signed

Optional Attachments

☒

I have attached a site plan
 I have attached a list of site
 coordinate abbreviations

☐

I have attached a description of
 dikes and other safeguard measures

Adla D. Reddy 2/25/92

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**Specific
Information
by Chemical**Facility Identification**Name MACDERMID INC.
Street 5439 SAN FERNANDO ROAD WEST
City LOS ANGELES County CA State CA Zip 90039SIC Code 2899Dun & Brad
Number 00-1116-4599FOR
OFFICIAL
USE
ONLY

ID#

Date Received

Owner/Operator NameName MACDERMID INC. Phone (203) 575-5700
Mailing Address 245 FREIGHT STREET, WATERBURY, CT.**Emergency Contact**Name GAIL LITTLE Title MANAGER
Phone (714) 594-5891 24 Hr. Phone 714-594-5891
Name ADLA D. REDDY Title Safety, MGR.
Phone (203) 575-5783 24 Hr. Phone 203-755-0550

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 1991☐ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Container Type Temperature Pressure	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS <u>PROPRIETARY</u> Trade Secret <input type="checkbox"/> Chem. Name <u>RESIST STRIPPER</u> <u>GLYCOL ETHER (75072)</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>GLYCOL ETHER</u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u>	<u>SECTION G.</u>	<input type="checkbox"/>
CAS <u>MACDER 716 ANF</u> Trade Secret <input type="checkbox"/> Chem. Name <u>COPPER SULFATE 20% (75126)</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u>	<u>SECTION D.</u>	<input type="checkbox"/>
CAS <u>7697372</u> Trade Secret <input type="checkbox"/> Chem. Name <u>METEX CHEMICAL POLISH</u> <u>NITRIC ACID (5001)</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>NITRIC ACID</u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u>	<u>Section C.</u>	<input type="checkbox"/>

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Adla D. Reddy Corp. Industrial Hygienist

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Date signed

Adla D. Reddy 2/25/92

Optional Attachments

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☐ I have attached a list of site coordinate abbreviations
☐ I have attached a description of dikes and other safeguard measures

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**Specific
Information
by Chemical**Facility Identification**Name MACDERMID INC.
Street 5439 SAN FERNANDO ROAD WEST
City LOS ANGELES County CA Zip 90039SIC Code 2899 Dun & Brad Number 00-116-4599FOR
OFFICIAL
USE
ONLY

ID #

Date Received

Owner/Operator NameName MACDERMID INC. Phone (203) 575-5700
Mailing Address 245 FREIGHT STREET, WATERBURY, CT.**Emergency Contact**Name GAIL LITTLE Title MANAGER
Phone (714) 594-5891 24 Hr. Phone 714-594-5891Name ADLA D. REDDY Title Safety, MGR.
Phone (203) 575-5783 24 Hr. Phone 203-755-0550**Important: Read all instructions before completing form****Reporting Period**From January 1 to December 31, 1991☐ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Container Type Temperature Pressure	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS <u>PROPRIETARY</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SCREEN CLEANER</u> <u>HEXELINE GLYCOL</u> 420 (7576) Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u>	<u>SECTION L.</u>	<input type="checkbox"/>
CAS <u>7697372</u> Trade Secret <input type="checkbox"/> Chem. Name <u>TIN STRIPPER (79210)</u> <u>NITRIC ACID</u> 7 Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>NITRIC ACID</u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u>	<u>SECTION A.</u>	<input type="checkbox"/>
CAS <u>7697372</u> Trade Secret <input type="checkbox"/> Chem. Name <u>DYGLEAM 78 (15022)</u> <u>NITRIC ACID</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>NITRIC ACID</u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u>	<u>SECTION C.</u>	<input type="checkbox"/>

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Adla D. Reddy Corp. Industrial Hygienist

Signature

Date signed

Adla D. Reddy 2/25/92

Optional Attachments

- ☒ I have attached a site plan
☐ I have attached a list of site coordinate abbreviations
☐ I have attached a description of dikes and other safeguard measures

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY Specific Information by Chemical	Facility Identification Name <u>MACDERMID INC.</u> Street <u>5439 SAN FERNANDO ROAD WEST</u> City <u>LOS ANGELES</u> County _____ State <u>CA</u> Zip <u>90039</u> SIC Code <u>2899</u> Dun & Brad Number <u>00-1116-4599</u>		Owner/Operator Name <u>(203) 575-</u> Name <u>MACDERMID INC.</u> Phone <u>5700</u> Mail Address <u>245 FREIGHT STREET, WATERBURY, CT.</u>	
	FOR OFFICIAL USE ONLY ID# _____ Date Received _____		Emergency Contact Name <u>GAIL LITTLE</u> Title <u>MANAGER</u> Phone <u>(714) 594-5891</u> 24 Hr. Phone <u>714-594-5891</u> Name <u>ADLA D. REDDY</u> Title <u>Safety, MGR.</u> Phone <u>(203) 575-5783</u> 24 Hr. Phone <u>203-755-0550</u>	

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 1991☐ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Container Type Temperature Pressure	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS <u>001310732</u> Trade Secret <input type="checkbox"/> Chem. Name <u>OMNIBOND PLUS-27</u> <u>SODIUM HYDROXIDE (71271) 25%</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div>	<u>SECTION E</u>	<input type="checkbox"/>
CAS <u>010039562</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ELNIC 104(C) (10635)</u> <u>SODIUM HYPOPHOSPHITE 38%</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div>	<u>SECTION D</u>	<input type="checkbox"/>
CAS <u>007647010</u> Trade Secret <input type="checkbox"/> Chem. Name <u>MACPREP ACTIVATOR (19524)</u> <u>HYDROCHLORIC ACID</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>HYDROCHLORIC ACID</u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div>	<u>SECTION C</u>	<input type="checkbox"/>

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Adla D. Reddy Corp. Industrial Hygienist

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Adla D. Reddy 2/25/92

Date signed

Optional Attachments

- ☒ I have attached a site plan
☐ I have attached a list of site coordinate abbreviations
☐ I have attached a description of dikes and other safeguard measures

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>MACDERMID INC.</u> Street <u>5439 SAN FERNANDO ROAD WEST</u> City <u>LOS ANGELES</u> County _____ State <u>CA</u> Zip <u>90039</u> SIC Code <u>2899</u> Dun & Brad Number <u>00-116-4599</u>		Owner/Operator Name (203) 575- Name <u>MACDERMID INC.</u> Phone <u>5700</u> Mail Address <u>245 FREIGHT STREET, WATERBURY, CT.</u>	
	FOR OFFICIAL USE ONLY ID# _____ Date Received _____		Emergency Contact Name <u>GAIL LITTLE</u> Title <u>MANAGER</u> Phone <u>(714) 594-5891</u> 24 Hr. Phone <u>714-, 594-5891</u> Name <u>ADLA D. REDDY</u> Title <u>Safety, MGR.</u> Phone <u>(203) 575-5783</u> 24 Hr. Phone <u>203, 755-0550</u>	

Important: Read all instructions before completing form		Reporting Period From January 1 to December 31, 19 <u>91</u>		<input type="checkbox"/> Check if information below is identical to the information submitted last year.	
Chemical Description	Physical and Health Hazards	Inventory	Container Type	Temperature	Storage Codes and Locations (Non-Confidential)
CAS <u>001310732</u> Trade Secret <input type="checkbox"/> Chem. Name <u>MACUDIZER 9276 (1927)</u> <u>SODIUM HYDROXIDE</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u>	<u>SECTION G.</u>	Optional <input type="checkbox"/>
CAS <u>00050000</u> Trade Secret <input type="checkbox"/> Chem. Name <u>MACDEP 20 A (12420)</u> <u>FORMALDEHYDE</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>FORMALDEHYDE</u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u>	<u>SECTION A.</u>	Optional <input type="checkbox"/>
CAS <u>007647010</u> Trade Secret <input type="checkbox"/> Chem. Name <u>717 ACID CLEANER</u> <u>HYDROCHLORIC ACID (75032)</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>HYDROCHLORIC ACID.</u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u>	<u>SECTION H.</u>	Optional <input type="checkbox"/>

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Name and official title of owner/operator OR owner/operator's authorized representative	Signature <u>Adla D. Reddy</u>	Date signed <u>2/25/92</u>

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY Specific Information by Chemical	Facility Identification Name <u>MACDERMID INC.</u> Street <u>5439 SAN FERNANDO ROAD WEST</u> City <u>LOS ANGELES</u> County <u>CA</u> State <u>CA</u> Zip <u>90039</u> SIC Code <u>2899</u> Dun & Brad Number <u>00-1116-4599</u>		Owner/Operator Name <u>(203) 575-</u> Name <u>MACDERMID INC.</u> Phone <u>5700</u> Mail Address <u>245 FREIGHT STREET, WATERBURY, CT.</u>	
	FOR OFFICIAL USE ONLY ID # <u> </u> Date Received <u> </u>		Emergency Contact Name <u>GAIL LITTLE</u> Title <u>MANAGER</u> Phone <u>(714) 594-5891</u> 24 Hr. Phone <u>714-594-5891</u> Name <u>ADLA D. REDDY</u> Title <u>Safety, MGR.</u> Phone <u>(203) 575-5783</u> 24 Hr. Phone <u>203 755-0550</u>	
	Important: Read all instructions before completing form Reporting Period From January 1 to December 31, 19 <u>91</u> <input type="checkbox"/> Check if information below is identical to the information submitted last year.			

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Container Type Temperature Pressure	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS <u>7758192</u> Trade Secret <input type="checkbox"/> Chem. Name <u>MACUBLACK LT 928</u> <u>SODIUM CHLORITE</u> (1982) Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input checked="" type="checkbox"/> Max. Daily Amount (code) <input checked="" type="checkbox"/> Avg. Daily Amount (code) <input checked="" type="checkbox"/> No. of Days On-site (days) <u>04</u> <u>03</u> <u>365</u>	<u>E14</u>	<u>Section F</u>	<input type="checkbox"/>
CAS <u>7647010</u> Trade Secret <input type="checkbox"/> Chem. Name <u>METEX EC 9048 (1908)</u> <u>HYDROCHLORIC ACID 40%</u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u>HYDROCHLORIC ACID</u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input checked="" type="checkbox"/> Max. Daily Amount (code) <input checked="" type="checkbox"/> Avg. Daily Amount (code) <input checked="" type="checkbox"/> No. of Days On-site (days) <u>04</u> <u>03</u> <u>365</u>	<u>E14</u>	<u>SECTION G</u>	<input type="checkbox"/>
CAS <u>6064028</u> Trade Secret <input type="checkbox"/> Chem. Name <u>MACUDEP 400B (12405)</u> <u>VERSENE</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input checked="" type="checkbox"/> Max. Daily Amount (code) <input checked="" type="checkbox"/> Avg. Daily Amount (code) <input checked="" type="checkbox"/> No. of Days On-site (days) <u>04</u> <u>03</u> <u>365</u>	<u>E14</u>	<u>SECTION A</u>	<input type="checkbox"/>

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Name and official title of owner/operator OR owner/operator's authorized representative		Date signed

Tier Two

EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORYSpecific
Information
by Chemical

Facility Identification

Name MACDERMID INC.
 Street 5439 SAN FERNANDO ROAD WEST
 City LOS ANGELES County CA State 90039
 SIC Code 2899 Dun & Bradstreet Number 00-1116-4599

FOR
OFFICIAL
USE
ONLY

ID#

Date Received

Owner/Operator Name

(203) 575-
 Name MACDERMID INC. Phone 5700
 Mail Address 245 FREIGHT STREET, WATERBURY, CT.

Emergency Contact

Name GAIL LITTLE Title MANAGER
 Phone (714) 594-5891 24 Hr. Phone 714-594-5891
 Name ADLA D. REDDY Title Safety, MGR.
 Phone (203) 575-5783 24 Hr. Phone 203-755-0550

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 1991☐ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Container Type Temperature Pressure	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS <u>7664939</u> Trade Secret <input type="checkbox"/> Chem. Name <u>METEX PTH ACCELERATOR</u> <u>SULFURIC ACID 60%</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>SULFURIC ACID</u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input checked="" type="checkbox"/> No. of Days On-site (days)	<input type="checkbox"/> E <input type="checkbox"/> 1 <input type="checkbox"/> 4	<u>SECTION E</u>	<input type="checkbox"/>
CAS <u>7664939</u> Trade Secret <input type="checkbox"/> Chem. Name <u>MACUDEP PRE ETCH 170</u> <u>SULFURIC ACID (19525)</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>SULFURIC ACID</u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input checked="" type="checkbox"/> No. of Days On-site (days)	<input type="checkbox"/> E <input type="checkbox"/> 1 <input type="checkbox"/> 4	<u>SECTION C</u>	<input type="checkbox"/>
CAS <u>50000</u> Trade Secret <input type="checkbox"/> Chem. Name <u>FORMALDEHYDE</u> <u>30533</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>FORMALDEHYDE</u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input checked="" type="checkbox"/> No. of Days On-site (days)	<input type="checkbox"/> E <input type="checkbox"/> 1 <input type="checkbox"/> 4	<u>SECTION H.</u>	<input type="checkbox"/>

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 26 and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Adla D. Reddy Corp. Industrial Hygienist

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Date signed

Optional Attachments

☒

I have attached a site plan
 I have attached a list of site
 coordinate abbreviations

☐

I have attached a description of
 dikes and other safeguard measures

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY Specific Information by Chemical	Facility Identification Name <u>MACDERMID INC.</u> Street <u>5439 SAN FERNANDO ROAD WEST</u> City <u>LOS ANGELES</u> County <u>CA</u> State <u>90039</u> SIC Code <u>2899</u> Dun & Brad Number <u>00-116-4599</u>		Owner/Operator Name <u>(203) 575-</u> Name <u>MACDERMID INC.</u> Phone <u>5700</u> Mailing Address <u>245 FREIGHT STREET, WATERBURY, CT.</u>	
	Emergency Contact Name <u>GAIL LITTLE</u> Title <u>MANAGER</u> Phone <u>(714) 594-5891</u> 24 Hr. Phone <u>714-594-5801</u>		Name <u>ADLA D. REDDY</u> Title <u>Safety, MGR.</u> Phone <u>(203) 575-5783</u> 24 Hr. Phone <u>203-755-0550</u>	
	FOR OFFICIAL USE ONLY ID # _____ Date Received _____			

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 1991☐ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Container Type Temperature Pressure	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS <u>7447145</u> Trade Secret <input type="checkbox"/> Chem. Name <u>MACUPREP 93L PREMP</u> <u>SODIUM CHLORIDE (22%)</u> (19015) Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div>	<u>SECTION F</u>	<input type="checkbox"/>
CAS <u>7758192</u> Trade Secret <input type="checkbox"/> Chem. Name <u>OMNIBOND 9251 (14251)</u> <u>SODIUM CHLORITE</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div>	<u>SECTION G</u>	<input type="checkbox"/>
CAS <u>7447145</u> Trade Secret <input type="checkbox"/> Chem. Name <u>CATALYST PREMIX (7065)</u> <u>SODIUM CHLORIDE</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div>	<u>Section L.</u>	<input type="checkbox"/>

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Adla D. Reddy Corp. Industrial Hygienist

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Date signed

Optional Attachments

- ☒ I have attached a site plan
☐ I have attached a list of site coordinate abbreviations
☐ I have attached a description of dikes and other safeguard measures

Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORYSpecific
Information
by Chemical

Facility Identification

Name MACDERMID INC.
 Street 5439 SAN FERNANDO ROAD WEST
 City LOS ANGELES County CA State 90039
 City LOS ANGELES County CA State 90039

SIC Code 2899 Dun & Bradstreet Number 00-1116-4599

FOR
OFFICIAL
USE
ONLY

ID #

Date Received

Owner/Operator Name

Name MACDERMID INC. Phone (203) 575-5700
 Mail Address 245 FREIGHT STREET, WATERBURY, CT.

Emergency Contact

Name GAIL LITTLE Title MANAGER
 Phone (714) 594-5891 24 Hr. Phone 714-594-5891
 Name ADLA D. REDDY Title Safety, MGR.
 Phone (203) 575-5783 24 Hr. Phone 203-755-0550

Important: Read all instructions before completing form

Reporting Period

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Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Container Type Temperature Pressure	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS <u>7697 37 2</u> Trade Secret <input type="checkbox"/> Chem. Name <u>METEX RACK STRIPPER</u> <u>NITRIC ACID</u> (13617) Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u>NITRIC ACID</u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>D14</u>	<u>SECTION I</u>	<input type="checkbox"/>
CAS <u>7664 38 2</u> Trade Secret <input type="checkbox"/> Chem. Name <u>METEX 9268</u> (19268) <u>PHOSPHORIC ACID 40%</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u>	<u>SECTION G</u>	<input type="checkbox"/>
CAS <u>50 00 0</u> Trade Secret <input type="checkbox"/> Chem. Name <u>MACUDEP CU 840A</u> (19555) <u>FORMALDEHYDE</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>FORMALDEHYDE</u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u>	<u>SECTION C</u>	<input type="checkbox"/>

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Adla D. Reddy Corp. Industrial Hygienist

Signature Adla D. Reddy Date signed 2/25/92

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Date signed

Optional Attachments

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☐ I have attached a list of site coordinate abbreviations
☐ I have attached a description of dikes and other safeguard measures

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific</i> <i>Information</i> <i>by Chemical</i>	Facility Identification Name <u>MACDERMID INC.</u> Street <u>5439 SAN FERNANDO ROAD WEST</u> City <u>LOS ANGELES</u> County <u>CA</u> Zip <u>90039</u> SIC Code <u>2899</u> Dun & Brad Number <u>00-116-4599</u>		Owner/Operator Name <u>(203) 575-</u> Name <u>MACDERMID INC.</u> Phone <u>5700</u> Mail Address <u>245 FREIGHT STREET, WATERBURY, CT.</u>	
	Emergency Contact Name <u>GAIL LITTLE</u> Title <u>MANAGER</u> Phone <u>(714) 594-5891</u> 24 Hr. Phone <u>714-, 594-5891</u> Name <u>ADLA D. REDDY</u> Title <u>Safety, MGR.</u> Phone <u>(203) 575-5783</u> 24 Hr. Phone <u>203, 755-0550</u>			
	FOR OFFICIAL USE ONLY ID# _____ Date Received _____			

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 1991
☐ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Container Type Temperature Pressure	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS <u>7697372</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NITEX METAL STRIPPER</u> <u>NITRIC ACID</u> (13608) Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>NITRIC ACID 50%</u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>D14</u> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div>	<u>SECTION J</u>	<input type="checkbox"/>
CAS <u>7632055</u> Trade Secret <input type="checkbox"/> Chem. Name <u>VICTACLEAN N</u> (16115) <u>SODIUM PHOSPHATE 5%</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div>	<u>SECTION C</u>	<input type="checkbox"/>
CAS <u>1310583</u> Trade Secret <input type="checkbox"/> Chem. Name <u>MACUDEP 9805</u> (19805) <u>POTASSIUM HYDROXIDE</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div>	<u>SECTION G.</u>	<input type="checkbox"/>

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 26, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Adla D. Reddy Corp. Industrial Hygienist

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Date signed

Optional Attachments

☒
☐
☐

I have attached a site plan
 I have attached a list of site coordinate abbreviations
 I have attached a description of dikes and other safeguard measures

Adla D. Reddy 2/25/91

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**Specific
Information
by Chemical**Facility Identification**

Name MACDERMID INC.
 Street 5439 SAN FERNANDO ROAD WEST
 City LOS ANGELES County CA Zip 90039

SIC Code 2899Dun & Brad Number 00-1116-4599FOR
OFFICIAL
USE
ONLY

ID #

Date Received

Owner/Operator Name

Name MACDERMID INC. Phone (203) 575-5700
 Mailing Address 245 FREIGHT STREET, WATERBURY, CT.

Emergency Contact

Name GAIL LITTLE Title MANAGER
 Phone (714) 594-5891 24 Hr. Phone 714-594-5891
 Name ADLA D. REDDY Title Safety, MGR.
 Phone (203) 575-5783 24 Hr. Phone 203-755-0550

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 1991☐ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Container Type Temperature Pressure	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS <u>PROPRI ETY</u> Trade Secret <input type="checkbox"/> Chem. Name <u>MACDERMID 927A (122)</u> <u>AMINES (20%)</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> Max. Daily Amount (code) <u>04</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>03</u> <input type="checkbox"/> No. of Days On-site (days) <u>365</u>	E14 SECTION F		
CAS <u>111762</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SOLDER FLUX 5 (7508)</u> <u>BUTYL CELLOSOLVE 97%</u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> Max. Daily Amount (code) <u>04</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>03</u> <input type="checkbox"/> No. of Days On-site (days) <u>365</u>	E14 SECTION L		
CAS <u>1310732</u> Trade Secret <input type="checkbox"/> Chem. Name <u>MACDERMID 52C (1245)</u> <u>SODIUM HYDROXIDE</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> Max. Daily Amount (code) <u>04</u> <input type="checkbox"/> Avg. Daily Amount (code) <u>03</u> <input type="checkbox"/> No. of Days On-site (days) <u>365</u>	E14 SECTION B		

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Date signed

Optional Attachments

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Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific</i> <i>Information</i> <i>by Chemical</i>	Facility Identification Name <u>MACDERMID INC.</u> Street <u>5439 SAN FERNANDO ROAD WEST</u> City <u>LOS ANGELES</u> County _____ State <u>CA</u> Zip <u>90039</u> SIC Code <u>2899</u> Dun & Brad Number <u>00-116-4599</u>		Owner/Operator Name _____ (203) 575- Name <u>MACDERMID INC.</u> Phone <u>5700</u> Mail Address <u>245 FREIGHT STREET, WATERBURY, CT.</u>	
	Emergency Contact Name <u>GAIL LITTLE</u> Title <u>MANAGER</u> Phone <u>(714) 594-5891</u> 24 Hr. Phone <u>714-594-5891</u> Name <u>ADLA D. REDDY</u> Title <u>Safety, MGR.</u> Phone <u>(203) 575-5783</u> 24 Hr. Phone <u>203-755-0550</u>			
	FOR OFFICIAL USE ONLY ID # _____ Date Received _____			

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CAS <u>1317391</u> Trade Secret <input type="checkbox"/> Chem. Name <u>MACDERMID COPPER</u> <u>COPPER OXIDE (43653) OXIDE</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div>	<u>SECTION B.</u>	<input type="checkbox"/>
CAS <u>PROPRIETARY</u> Trade Secret <input type="checkbox"/> Chem. Name <u>MACUDIZER 9204</u> <u>NMP 60%</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div>	<u>SECTION C.</u>	<input type="checkbox"/>
CAS <u>7758192</u> Trade Secret <input type="checkbox"/> Chem. Name <u>MACUBOND 9804 (1982)</u> <u>SODIUM CHLORITE</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div>	<u>SECTION G.</u>	<input type="checkbox"/>

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Adla D. Reddy Corp. Industrial Hygienist

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Date signed

Optional Attachments
☒

I have attached a site plan
 I have attached a list of site coordinate abbreviations
 I have attached a description of dikes and other safeguard measures

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY Specific Information by Chemical	Facility Identification Name <u>MACDERMID INC.</u> Street <u>5439 SAN FERNANDO ROAD WEST</u> City <u>LOS ANGELES</u> County <u>CA</u> Zip <u>90039</u> SIC Code <u>2899</u> Dun & Brad Number <u>00-116-4599</u>		Owner/Operator Name <u>MACDERMID INC.</u> (203) 575- Name <u>MACDERMID INC.</u> Phone <u>5700</u> Mail Address <u>245 FREIGHT STREET, WATERBURY, CT.</u>	
	Emergency Contact Name <u>GAIL LITTLE</u> Title <u>MANAGER</u> Phone <u>(714) 594-5891</u> 24 Hr. Phone <u>714-594-5891</u>		Name <u>ADLA D. REDDY</u> Title <u>Safety, MGR.</u> Phone <u>(203) 575-5783</u> 24 Hr. Phone <u>203, 755-0550</u>	
	FOR OFFICIAL USE ONLY O# <u> </u> Date Received <u> </u>			

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From January 1 to December 31, 1991☐ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Container Type Temperature Pressure	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS <u>PROPRIETARY</u> Trade Secret <input type="checkbox"/> Chem. Name <u>MACUDIZER 9245 (1922)</u> <u>Glycol Ether</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>Glycol Ethers</u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 2px;"></div> </div>	<u>SECTION G</u>	<input type="checkbox"/>
CAS <u>6064 028</u> Trade Secret <input type="checkbox"/> Chem. Name <u>METEX 9048 B (1905)</u> <u>Styrene diamine tetraacetic Acid</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 2px;"></div> </div>	<u>SECTION F</u>	<input type="checkbox"/>
CAS <u>7722 841</u> Trade Secret <input type="checkbox"/> Chem. Name <u>METEX SOLDER REMOVER</u> <u>(1925) HYDROGEN PEROXIDE 15%</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 2px;"></div> </div>	<u>SECTION J</u>	<input type="checkbox"/>

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 26 and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Adla D. Reddy Corp. Industrial Hygienist

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Adla D. Reddy 2/25/92

Date signed

Optional Attachments

- ☒ I have attached a site plan
☐ I have attached a list of site coordinate abbreviations
☐ I have attached a description of dikes and other safeguard measures

Important: Read all instructions before completing form	Reporting Period	From January 1 to December 31, 19 <u>91</u>	<input type="checkbox"/> Check if information below is identical to the information submitted last year.
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Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through <u>26</u> and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.			Optional Attachments <input checked="checked" type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures
Adla D. Reddy Corp. Industrial Hygienist	Signature <u>Adla D. Reddy</u>	Date signed <u>2/25/92</u>	
Name and official title of owner/operator OR owner/operator's authorized representative			

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific</i> <i>Information</i> <i>by Chemical</i>	Facility Identification Name <u>MACDERMID INC.</u> Street <u>5439 SAN FERNANDO ROAD WEST</u> City <u>LOS ANGELES</u> County <u>CA</u> Zip <u>90039</u> SIC Code <u>2899</u> Dun & Brad Number <u>00-116-4599</u>		Owner/Operator Name <u>(203) 575-</u> Name <u>MACDERMID INC.</u> Phone <u>5700</u> Mail Address <u>245 FREIGHT STREET, WATERBURY, CT.</u>			
	Emergency Contact Name <u>GAIL LITTLE</u> Title <u>MANAGER</u> Phone <u>(714) 594-5891</u> 24 Hr. Phone <u>714-594-5891</u>		Name <u>ADLA D. REDDY</u> Title <u>Safety, MGR.</u> Phone <u>(203) 575-5783</u> 24 Hr. Phone <u>203-755-0550</u>			
	FOR OFFICIAL USE ONLY ID# <u> </u> Date Received <u> </u>				<input type="checkbox"/> Check if information below is identical to the information submitted last year.	
	Important: Read all instructions before completing form				Reporting Period From January 1 to December 31, 19 <u>91</u>	

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Container Type Temperature Pressure	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS <u> 1317391 </u> Trade Secret <input type="checkbox"/> Chem. Name <u>COPPER OXIDE (43657)</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div>	<u>SECTION B.</u> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/>
CAS <u> 50000 </u> Trade Secret <input type="checkbox"/> Chem. Name <u>ELECTROLESS COPPER 22A (FORMALDEHYDE 20%) (75010)</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>FORMALDEHYDE</u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div>	<u>SECTION L</u> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/>
CAS <u> 50000 </u> Trade Secret <input type="checkbox"/> Chem. Name <u>MACUDEP 52-A (12452) (FORMALDEHYDE 6%)</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>FORMALDEHYDE</u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div>	<u>SECTION B.</u> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/>

Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through <u>26</u> , and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. <u>Adla D. Reddy</u> Corp. Industrial Hygienist	Signature <u>Adla D. Reddy</u>	Date signed <u>2/25/92</u>	Optional Attachments <input checked="" type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures
Name and official title of owner/operator OR owner/operator's authorized representative			

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific</i> <i>Information</i> <i>by Chemical</i>	Facility Identification Name <u>MACDERMID INC.</u> Street <u>5439 SAN FERNANDO ROAD WEST</u> City <u>LOS ANGELES</u> County <u>CA</u> State <u>CA</u> Zip <u>90039</u> SIC Code <u>2899</u> Dun & Brad Number <u>00-116-4599</u>		Owner/Operator Name <u>(203) 575-</u> Name <u>MACDERMID INC.</u> Phone <u>5700</u> Mail Address <u>245 FREIGHT STREET, WATERBURY, CT.</u>	
	FOR OFFICIAL USE ONLY ID# <u> </u> Date Received <u> </u>		Emergency Contact Name <u>GAIL LITTLE</u> Title <u>MANAGER</u> Phone <u>(714) 594-5891</u> 24 Hr. Phone <u>714-594-5891</u> Name <u>ADLA D. REDDY</u> Title <u>Safety, MGR.</u> Phone <u>(203) 575-5783</u> 24 Hr. Phone <u>203 755-0550</u>	

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 1991☐ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards	Inventory	Container Type Temperature Pressure	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS <u>1310732</u> Trade Secret <input type="checkbox"/> Chem. Name <u>MACDERMID 400C (12406)</u> <u>SODIUM HYDROXIDE 40%</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input type="checkbox"/> No. of Days On-site (days)	E14 E14 E14 E14 E14 E14 E14 E14	<u>SECTION A</u> _____ _____ _____ _____ _____ _____ _____	<input type="checkbox"/>
CAS <u>1310732</u> Trade Secret <input type="checkbox"/> Chem. Name <u>METE-X 9008 PREDIP (17008)</u> <u>SODIUM HYDROXIDE</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input type="checkbox"/> No. of Days On-site (days)	E14 E14 E14 E14 E14 E14 E14 E14	<u>SECTION D</u> _____ _____ _____ _____ _____ _____ _____	<input type="checkbox"/>
CAS <u>1310732</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ELECTROLESS CU 293</u> <u>SODIUM HYDROXIDE (75012)</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u> </u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input type="checkbox"/> No. of Days On-site (days)	E14 E14 E14 E14 E14 E14 E14 E14	<u>SECTION H.</u> _____ _____ _____ _____ _____ _____ _____	<input type="checkbox"/>

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Adla D. Reddy

Corp. Industrial Hygienist

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Date signed

Optional Attachments

- ☒ I have attached a site plan
☐ I have attached a list of site coordinate abbreviations
☐ I have attached a description of dikes and other safeguard measures

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY Specific Information by Chemical	Facility Identification Name <u>MACDERMID INC.</u> Street <u>5439 SAN FERNANDO ROAD WEST</u> City <u>LOS ANGELES</u> County _____ State <u>CA</u> Zip <u>90039</u> SIC Code <u>2899</u> Dun & Brad Number <u>00-1116-4599</u>		Owner/Operator Name Name <u>MACDERMID INC.</u> Phone <u>(203) 575-5700</u> Mail Address <u>245 FREIGHT STREET, WATERBURY, CT.</u>	
	Emergency Contact Name <u>GAIL LITTLE</u> Title <u>MANAGER</u> Phone <u>(714) 594-5891</u> 24 Hr. Phone <u>714-594-5891</u>		Name <u>ADLA D. REDDY</u> Title <u>Safety, MGR.</u> Phone <u>(203) 575-5783</u> 24 Hr. Phone <u>203-755-0550</u>	
	FOR OFFICIAL USE ONLY ID# _____ Date Received _____			

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 1991☐ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Container Type Temperature Pressure	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS <u>7722841</u> Trade Secret <input type="checkbox"/> Chem. Name <u>RECYCLE SOLDER STRIPPER</u> <u>HYDROGEN PEROXIDE (41932)</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div>	<u>SECTION I</u>	<input type="checkbox"/>
CAS <u>7697372</u> Trade Secret <input type="checkbox"/> Chem. Name <u>ELIMINATOR MAKE UP</u> <u>NITRIC ACID 8% (19235)</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div>	<u>SECTION F</u>	<input type="checkbox"/>
CAS <u>PROPR1 ETAR4</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SOLDER FLOW 10 (75078)</u> <u>POLYALKYLENE GLYCOLS 100%</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div>	<u>SECTION L</u>	<input type="checkbox"/>

Certification (Read and sign after completing all sections)

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Adla D. Reddy Corp. Industrial Hygienist

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Date signed

Optional Attachments

- ☒ I have attached a site plan
☐ I have attached a list of site coordinate abbreviations
☐ I have attached a description of dikes and other safeguard measures

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**Specific
Information
by Chemical**Facility Identification**Name MACDERMID INC.
Street 5439 SAN FERNANDO ROAD WEST
City LOS ANGELES County CA Zip 90039SIC Code 2899 Dun & Brad Number 00-1116-4599FOR
OFFICIAL
USE
ONLY

ID#

Date Received

Owner/Operator NameName MACDERMID INC. Phone (203) 575-5700
Mail Address 245 FREIGHT STREET, WATERBURY, CT.**Emergency Contact**Name GAIL LITTLE Title MANAGER
Phone (714) 594-5891 24 Hr. Phone 714-594-5891
Name ADLA D. REDDY Title Safety, MGR.
Phone (203) 575-5783 24 Hr. Phone 203-755-0550

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 1991☐ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Container Type Temperature Pressure	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS <u>50000</u> Trade Secret <input type="checkbox"/> Chem. Name <u>MACUDEP 400A (12404)</u> <u>FORMALDEHYDE</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>FORMALDEHYDE</u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u>	<u>SECTION A</u>	<input type="checkbox"/>
CAS <u>50000</u> Trade Secret <input type="checkbox"/> Chem. Name <u>METEX E.C. 9048 A (19048)</u> <u>FORMALDEHYDE 151</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>FORMALDEHYDE</u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u>	<u>SECTION F</u>	<input type="checkbox"/>
CAS <u>143339</u> Trade Secret <input type="checkbox"/> Chem. Name <u>METEX E.C. 9048 C (19048)</u> <u>(SODIUM CYANIDE 1%)</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>SODIUM CYANIDE</u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>03</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-site (days)	<u>E14</u>	<u>SECTION F</u>	<input type="checkbox"/>

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Adla D. Reddy Corp. Industrial Hygienist

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Adla D. Reddy 2/25/92

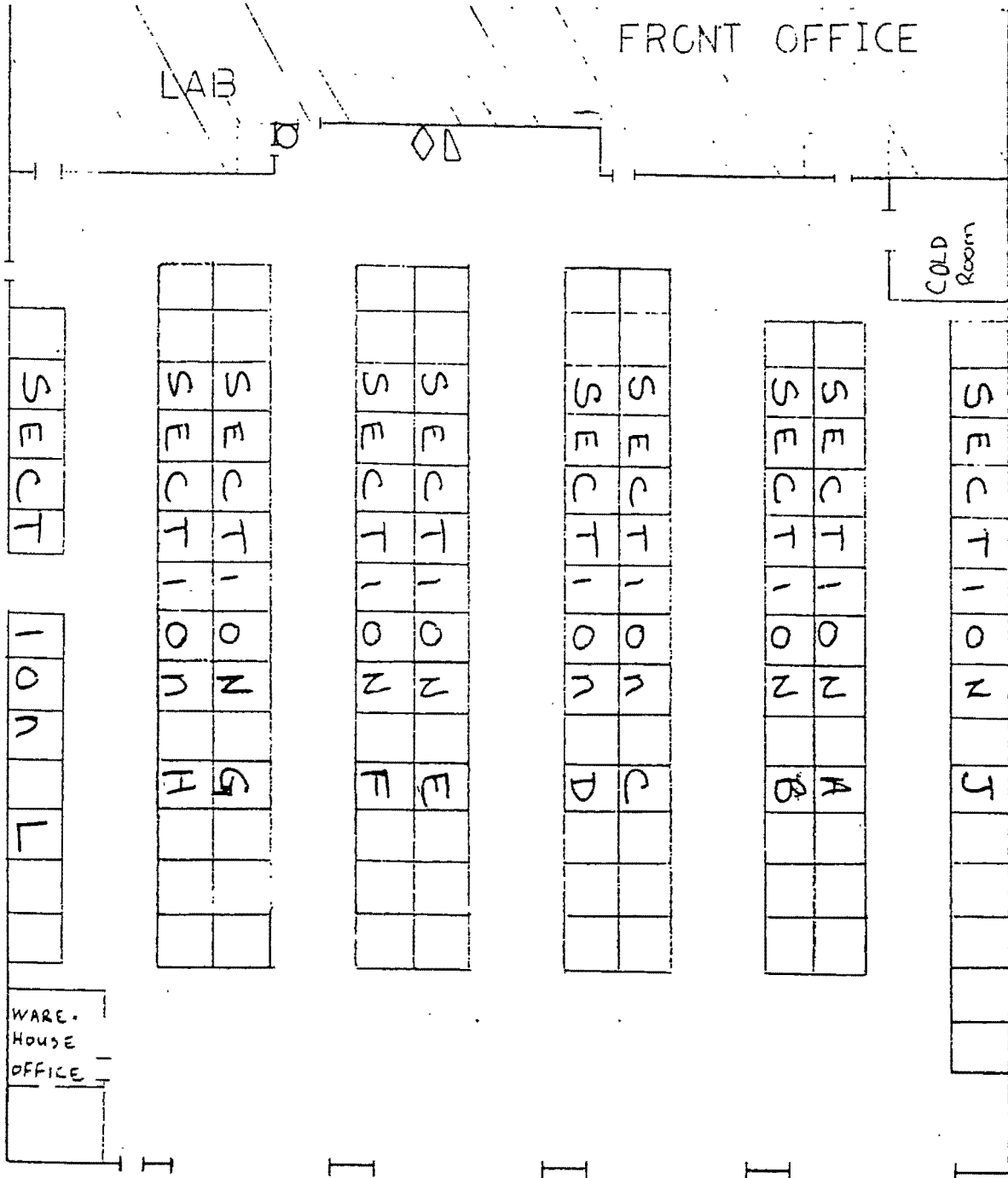
Date signed

Optional Attachments

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☐ I have attached a list of site coordinate abbreviations
☐ I have attached a description of dikes and other safeguard measures

MAC DERMID INC
 5439 San FERNANDO Rd. WEST
 LOS ANGELES, CA. 90039

WAREHOUSE STORAGE LOCATIONS



15 of 15

page 2 of 2

HAZARD CATEGORY

Check all that apply

acute toxic
chronic toxic
flammable
sudden pressure
release
reactivity

COLUMN I

①

CHEMICAL OR COMMON NAME

COLUMN II

HAZARDOUS COMPONENTS
AS PROVIDED ON THE MSDS*

* A manufacturer's material safety data sheet

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	METALEX W SPECIAL (10311)	SODIUM HYDROXIDE 10%.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		SODIUM METASILICATE 10%.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ELNIC 104/105 B (10634)	POTASSIUM HYDROXIDE 33%.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEXTENDER 8645 (18645)	CHROMIC ACID 3%.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		NITRIC ACID 35%.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MACUPREP ETCH G-4 (19251)	POTASSIUM PERSULFATE 95%.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	METEX H629 (13001)	SODIUM BISULFATE 80%.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		SODIUM FLUORIDE 10%.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ELNIC 104 A (10633)	NICKEL SULFATE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MACUDEP XD 6180 A	COPPER SULFATE 15%.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(12440)	FORMALDEHYDE 8%.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MACUDEP XD 6179 B	SODIUM HYDROXIDE 5%.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(12441)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MACUDEP XD 6178 C	SODIUM HYDROXIDE 30%.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(12442)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	METEX CU ALLOY ACTIVATOR	AMMONIUM PERSULFATE 10%.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(13008)	SODIUM BISULFATE 15%.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MACRO BRITE (18622)	NITRIC ACID 50%.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ULTRA BRIGHT 9226	HYDROCHLORIC ACID 15%.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(19226)	THIOUREA 3%.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VERSENE 100 EP (43260)	EDTA.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HYDROGEN PEROXIDE	HYDROGEN PEROXIDE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(43305)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SODIUM ALLYL SULFONATE	SODIUM ALLYL SULFONATE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(45870)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ACID GLEANER (75032)	Hydrochloric ACID 20%.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

HAZARD CATEGORY

Check all that apply

acute toxic
chronic toxic
flammable
corrosive
sudden pressure release
reactivity

COLUMN I

CHEMICAL OR COMMON NAME

COLUMN II

HAZARDOUS COMPONENTS
AS PROVIDED ON THE MSDS*

* A manufacturer's material safety data sheet

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NIMAC 8170 (18170)	SODIUM ALLYL SULFONATE 40%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DES EQUIPMENT CLEANER (75063)	EDTA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MACUDEP CU 840 (R) (19557)	SODIUM HYDROXIDE 10%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MACUBLACK LT 9281 (19281)	POTASSIUM HYDROXIDE 15%
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		SODIUM CHLORITE 20%
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ACCELERATOR 41C (75016)	HYDROFLUORIC ACID 2%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MACUDEP CU 850 A (19560)	COPPER SULFATE 13%
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		FORMALDEHYDE 16%
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MACUDEP 52 A (12453)	COPPER SULFATE 80%
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		FORMALDEHYDE 6%
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RESIST STRIPPER (75072)	GLYCOL ETHER 50%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCREEN CLEANER 42 (75075)	DIBASIC ESTER 90%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MACUDEP 716 ANF (75126)	COPPER SULFATE 20%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	METEX CHEMICAL POLISH BCB (15001)	NITRIC ACID 15%
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		PHOSPHORIC ACID 55%
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCREEN CLEANER 420 (75076)	HEXYLENE GLYCOL 10%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TIN STRIPPER (79210)	SULFURIC ACID
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		NITRIC ACID
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DYGLEAM 78 (15022)	NITRIC ACID 15%
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		HYDROCHLORIC ACID 15%
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OMNIBOND PLUS 271	SODIUM HYDROXIDE 25%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ELNIC 104 C (10835)	SODIUM HYPOPHOSPHITE 36%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

HAZARD CATEGORY Check all that apply					COLUMN I CHEMICAL OR COMMON NAME	COLUMN II HAZARDOUS COMPONENTS AS PROVIDED ON THE MSDS*
acute toxic	chronic toxic	irritant	subacute pressure	reactivity		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MACUPREP ACTIVATOR PRE DIP N (19529)	SODIUM CHLORITE 22%
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		HYDROCHLORIC ACID 6%
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MACUDIZER 9276 (19276)	SODIUM HYDROXIDE 30%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MACUDEP 20 A (12420)	COPPER SALTS (7758-99-8) 20%
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		FORMALDEHYDE 20%
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	717 ACID CLEANER (75032)	HYDROCHLORIC ACID 20%
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		SULFURIC ACID 12%
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OMNIBOND PLUS (272) (79272)	SODIUM CHLORITE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MACUBLACK LT 9282 (19282)	SODIUM CHLORITE 42%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	METEX EC 9048 ADDITIVE (19091)	HYDROCHLORIC ACID 40%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MACUDEP 400 B (12405)	VERSENE 60%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	METEX PTH ACCELERATOR (19074)	SULFURIC ACID 60%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MACUPREP PRE ETCH 170 (19525)	SULFURIC ACID 80%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FORMALDEHYDE (30533)	FORMALDEHYDE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MACUPREP 93L PREDIP (19015)	SODIUM CHLORIDE 22%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OMNIBOND 9251 (19251)	SODIUM CHLORITE 30%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CATALYST PREMIX (75065)	SODIUM CHLORIDE 19%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	METEX RACK STRIPPER (13674)	NITRIC ACID 90%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	METEX 9268 (19268)	PHOSPHORIC ACID 40%
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		GLYCOLS 50%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

* A manufacturer's material safety data sheet

HAZARD CATEGORY Check all that apply					COLUMN I CHEMICAL OR COMMON NAME	COLUMN II HAZARDOUS COMPONENTS AS PROVIDED ON THE MSDS*
acute toxic	chronic toxic	flammable	sudden pressure release	reactivity		* A manufacturer's material safety data sheet
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MACUDEP CU 840 A (19555)	COPPER SULFATE 13%
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		FORMALDEHYDE 18%
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	METEX METAL STRIPPER SS 2 (13603)	NITRIC ACID 80%
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		ALCOHOL ETHOXYLATES 15%
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VICTACLEAN N (16115)	SODIUM PHOSPHATE 5%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		ALCOHOL ETHOXYLATES 15%
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MACUBOND 9805 (19805)	POTASSIUM HYDROXIDE 45%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MACUDIZER 9279 (19279)	AMINES 20%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SOLDER FLUX 5 (75081)	BUTYL CELLOSOLVE 97%
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		HYDROCHLORIC ACID 2%
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MACUDED 52C (12454)	SODIUM HYDROXIDE 35%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MACDERMID COPPER OXIDE (43853)	COPPER OXIDE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MACUDIZER 9204 HOLE COND (19204)	N-METHYL PYROL 60%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MACUBOND 9804 (19804)	SODIUM CHLORITE 30%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MACUDIZER 9221 S (19227)	ETHYLENE GLYCOL 40%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	METEX 9048 B (19051)	ETHYLENEDIAMETETRA ACETIC ACID 15%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	METEX SOLDER REMOVER (19295)	HYDROGEN PEROXIDE 16%
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		AMMONIUM BIFLUORIDE 15%
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MACUDEP 20A (12421)	SODIUM HYDROXIDE - 30%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	METEX SOLDER COND (19233)	HYDROCHLORIC ACID 30%
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Thiourea 10%
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	METEX 7595 (17595)	HYDROGEN PEROXIDE 18%
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		AMMONIUM BIFLUORIDE 27%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

HAZARD CATEGORY Check all that apply					COLUMN I CHEMICAL OR COMMON NAME	COLUMN II HAZARDOUS COMPONENTS AS PROVIDED ON THE MSDS*
acute toxin	chronic toxin	flammable	sudden pressure release	reactivity		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COPPER OXIDE (43653)	COPPER OXIDE 100%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ELECTROLESS COPPER 22A (75010)	COPPER SULFATE 12%
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		FORMALDEHYDE 20%
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MACUDEP 52A (12452)	COPPER SULFATE 20%
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		FORMALDEHYDE 6%
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MACUDEP 400C (12406)	SODIUM HYDROXIDE 40%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	METEX 9008 PREDIP (19008)	SODIUM HYDROXIDE 30%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ELECTROLESS COPPER 22B (75012)	SODIUM HYDROXIDE 19%
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		ROCHELLE SALTS 14%
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RECYCLABLE SOLDER STRIPPER (41938)	HYDROGEN PEROXIDE 18%
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		AMMONIUM BIFLUORIDE 27%
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ELIMINATOR MAKE UP (19235)	FERRIC NITRATE 9%
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		NITRIC ACID 8%
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SOLDER FLOW 10 (75078)	POLYALKYLENE GLYCOL 100%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MACUDEP 400A (12404)	COPPER SULFATE 20%
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		FORMALDEHYDE - 6%
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	METEX ELECTROLESS COPPER 9048A (19048)	FORMALDEHYDE 15%
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		COPPER SULFATE 25%
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	METEX E.C 9048C (19047)	SODIUM HYDROXIDE 30%
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		SODIUM CYANIDE 0.1%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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* A manufacturer's material safety data sheet

DATE 18 FEB 93 09:27:16

REPORT GENERATION

REDDY

B002642

product	qty	received	density	rcpt date	highest on hand
10001 451	11.000 NEW DIMENSIONS ND 1	443.104		040992	241.695
10007 451	83.000 NEW DIMENSIONS ND 7	41117.868		110692	24769.800
10007 451	14.000 NEW DIMENSIONS ND 7	630.504		041792	270.215
10107 451	7.000 METEX S 1707	2800.000		021492	1600.000
10107 451	110.000 METEX S 1707	11000.000		121192	1800.000
10113 451	52.000 METEX T 103	5200.000		100592	1900.000
10113 451	24.000 METEX T 103	8400.000		013192	3500.000
10126 451	69.000 METEX S 426	20700.000		010892	3300.000
10173 451	8.000 ESP SOAK CLEANER 73	2400.000		012392	1200.000
10203 451	73.000 ANODEX NP 2	7300.000		122192	1500.000
10203 451	16.000 ANODEX NP 2	6400.000		012392	7200.000
10206 451	8.000 ANODEX 61 X	800.000		050792	600.000
10206 451	83.000 ANODEX 61 X	33200.000		050792	9600.000
10214 451	14.000 METEX E 314	5600.000		041692	2800.000
10226 451	2.000 METEX E 1726	800.000		040692	1600.000
10250 451	50.000 METEX E 250	3002.400		122392	1381.105
10250 451	11.000 METEX E 250	7265.808		110692	2642.090
10305 451	2.000 DYCLENE EW	200.000		030392	200.000
10311 451	116.000 METALEX W SPECIAL	43500.000		010292	10500.000
10311 451	21.000 METALEX W SPECIAL	2100.000		031392	900.000
10319 451	6.000 METEX EN 340	2100.000		012392	1400.000
10501 451	12.000 METEX TS 40 A	1200.000		012392	1000.000
10501 451	10.000 METEX TS 40 A	3000.000		012392	1200.000
10508 451	33.000 METEX S 438	13200.000		040692	3200.000
10508 451	3.000 METEX S 438	300.000		033092	200.000
10511 451	1.000 METEX S 449	100.000		120392	100.000
10511 451	13.000 METEX S 449	5200.000		030392	2000.000
10602 451	80.000 KENVERT 11	13801.032		022092	2760.210
10608 451	1.000 DISCONTINUED KENVERT 18	100.000		090492	100.000
10611 451	7.000 KENVERT 27	700.000		110692	300.000
10617 451	13.000 KENVERT NO 126 S	1300.000		060492	900.000
10619 451	51.000 KENVERT NO 170 S	5100.000		020792	1500.000
10624 451	8.000 MTO KENVERT NO 414 R	800.000		013192	400.000
10624 451	100.000 MTO KENVERT NO 414 R	100.000		010992	100.000
10625 451	9.000 KENVERT NO 418	4974.602		030392	1105.445
10629 451	3.000 KENVERT 444 PART A	479.633		010692	159.885
10630 451	25.000 KENVERT 444 PART B	1064.393		012092	638.635
10801 451	4.000 ELNIC 501	205.498		102992	205.500
10801 451	10.000 ELNIC 501	5651.184		030592	2825.570
10805 451	2.000 DISCONTINUED LPC HIGH PURE	1373.348		013192	1373.350
10810 451	14.000 ELNIC 110A IMPROVED	733.837		111392	576.585
10810 451	2.000 ELNIC 110A IMPROVED	1153.172		073192	1729.750
10811 451	24.000 ELNIC 110B IMPROVED	1249.999		051892	833.335
10811 451	2.000 ELNIC 110B IMPROVED	1145.833		010992	2291.685
10812 451	17.000 ELNIC 110C IMPROVED	882.581		050792	519.165
10812 451	6.000 ELNIC 110C IMPROVED	3426.489		012092	2284.315
10821 451	4.000 XD-7103-T ELNIC 10 REPLENISHER	208.333		033092	208.335
10821 451	1.000 XD-7103-T ELNIC 10 REPLENISHER	572.916		033092	572.935
10830 451	9.000 ELNIC 101 C-5	461.619		091892	256.455
10831 451	8.000 ELNIC 101 RP 1	413.664		091492	206.830
10831 451	1.000 ELNIC 101 RP 1	568.788		072492	568.810
10832 451	1.000 ELNIC 101 RP-2	557.321		072492	557.315
10832 451	8.000 ELNIC 101 RP-2	405.324		091492	202.660
10833 451	24.000 ELNIC 104 A	1240.992		080792	568.790
10833 451	111.000 ELNIC 104 A	63135.468		032092	13082.135

10834	451	29.000	ELNIC 104/105 B
10834	451	45.000	ELNIC 104/105 B
10835	451	12.000	ELNIC 104 C
10835	451	88.000	ELNIC 104 C
10836	451	7.000	ELNIC 105 A
10838	451	5.000	ELNIC 105 C
10839	451	16.000	ELNIC 100 C-5
10839	451	14.000	ELNIC 100 C-5
10840	451	16.000	ELNIC 100 RP-1
10840	451	15.000	ELNIC 100 RP-1
10841	451	36.000	ELNIC 100 RP-2
10841	451	29.000	ELNIC 100 RP-2
10864	451	8.000	MT0 STABUFF 417
10867	451	35.000	STABUFF 420
10867	451	12.000	STABUFF 420
10868	451	11.000	STABUFF 421
10868	451	9.000	STABUFF 421
10870	451	23.000	STABUFF 440
10870	451	7.000	STABUFF 440
10871	451	3.000	MT0 STABUFF 441
10871	451	9.000	MT0 STABUFF 441
10883	451	1.000	STABUFF 820
10885	451	2.000	STABUFF 822
10886	451	1.000	MT0 STABUFF 840
10887	451	4.000	MT0 STABUFF 841
10887	451	4.000	MT0 STABUFF 841
10899	451	3.000	ELNIC 104 D
11677	451	2.000	METEX SU 477
12130	451	163.000	MACUMASK 2130
12130	451	40.000	MACUMASK 2130
12135	451	40.000	MACUMASK 2130 S
12401	451	9.000	MACUDEP 400 A0
12401	451	26.000	MACUDEP 400 A0
12404	451	18.000	MACUDEP 400 A
12404	451	111.000	MACUDEP 400 A
12405	451	43.000	MACUDEP 400 B
12405	451	38.000	MACUDEP 400 B
12406	451	28.000	MACUDEP 400 C
12406	451	61.000	MACUDEP 400 C
12411	451	17.000	MACU DEP 900 B
12412	451	33.000	MACU DEP 900 C
12413	451	32.000	MACU DEP 900 D
12420	451	352.000	MACU DEP 20 A
12420	451	28.000	MACU DEP 20 A
12421	451	403.000	MACU DEP 20 B
12421	451	23.000	MACU DEP 20 B
12440	451	11.000	M-COPPER 85A
12440	451	97.000	M-COPPER 85A
12441	451	33.000	M-COPPER 85B
12441	451	22.000	M-COPPER 85B
12442	451	11.000	M-COPPER 85C
12442	451	45.000	M-COPPER 85C
12443	451	7.000	M-COPPER 85D
12443	451	17.000	M-COPPER 85D
12444	451	16.000	M-COPPER 85G
12445	451	6.000	M-COPPER 20 B
12446	451	6.000	M-COPPER 20 C
12447	451	4.000	M-COPPER 20 A
12452	451	290.000	MACU DEP 52 A
12452	451	306.000	MACU DEP 52 A

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010692	310.000
051892	11934.890
040692	1137.565
040692	568.315
021492	577.045
030392	4039.310
060292	4770.480
030392	704.730
121192	691.805
030592	4348.465
051192	51.241
033092	1375.435
051192	3242.085
082192	494.020
030392	2470.105
020792	1178.940
041792	2161.390
062592	134.860
060292	2472.415
051192	52.875
042392	106.250
032092	559.625
032092	211.835
050592	1747.625
050592	1545.335
042392	42.535
062292	68.343
071792	352.740
111392	352.740
100292	330.430
051292	4153.985
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011592	13500.465
050792	515.580
051892	5155.810
100992	726.955
030692	9841.865
033092	2889.810
040692	703.645
020692	5358.540
012092	5392.980
012092	5530.085
091692	6360.085
060392	3949.385
100992	504.570
100592	18164.520
100992	5476.900
021192	647.265
100992	575.210
100592	10928.995
091492	261.460
021292	3451.250
073192	33.527
121192	331.015
122292	302.990
121192	182.980
092192	32193.425
120192	3681.945

12453	451	87.000	MACU DEP 52 B	4422.410	112492	1728.300
12453	451	46.000	MACU DEP 52 B	25721.144	033092	6150.705
12454	451	144.000	MACU DEP 52 C	8280.619	101392	4427.830
12454	451	90.000	MACU DEP 52 C	56929.257	011592	8855.660
12455	451	17.000	MACU DEP 52 E	141.355	102392	41.575
12456	451	4.000	MACU DEP 52 F	33.527	050792	33.527
12456	451	4.000	MACU DEP 52 F	33.527	091892	33.527
12457	451	10.000	MACU DEP 52 D	6325.473	013192	1897.665
12461	451	4.000	MACUDEP 58 B	199.159	011392	199.160
12462	451	11.000	MACUDEP 58 C	575.210	011692	575.210
12463	451	11.000	MACUDEP 58 D	575.210	012492	575.210
12472	451	2.000	MACU DEP 70 C	1163.263	010692	581.625
12488	451	1.000	XD 6131 T STABILIZER	50.000	051192	50.000
12489	451	80.000	MACU PREP 97 A ACCELERATOR	2000.000	050792	450.000
12490	451	6.000	MTO XD 6140 T COPPER	291.483	051192	145.740
12491	451	2.000	XD 6143 T REDUCER	111.756	040692	55.880
12492	451	2.000	MTO XD 6142 T PH ADJUSTER	107.586	040692	53.795
12493	451	60.000	MACU PREP 97 B OXIDANT	3227.580	080792	1022.065
12498	451	2.000	XD 6132 T ADDITIVE	50.000	040692	25.000
12499	451	12.000	MTO XD 6141 T COMPLEXOR	575.460	040692	287.730
12613	451	19.000	METEX ALUM ACID ETCH	1223.311	061992	450.695
12613	451	1.000	METEX ALUM ACID ETCH	708.233	040992	708.235
12627	451	3.000	MTO 2627 DEOXIDIZER METEX	300.000	080792	100.000
12802	451	6.000	METEX M 631 X	2400.000	012392	1600.000
12832	451	3.000	METEX ALKALINE DESCALER 2832	75.000	010892	50.000
12930	451	58.000	Q PEX PREPLATE	5800.000	011792	5000.000
12973	451	4.000	KENVERT ZB	400.000	050592	200.000
13001	451	77.000	METEX M 629	7700.000	022492	2400.000
13001	451	50.000	METEX M 629	20000.000	022192	10800.000
13001	451	73.000	METEX M 629	1825.000	012992	700.000
13008	451	144.000	METEX 3108 CU ALLOY ACTIVATOR	57600.000	091792	15200.000
13010	451	44.000	METEX M 629 U	4400.000	121892	1600.000
13011	451	1.000	DISCONTINUED ACID AID METEX	43.201	111392	43.200
13014	451	11.000	METEX M 664	1100.000	040692	800.000
13042	451	61.000	TROXIDE E	24400.000	040892	5200.000
13051	451	5.000	METEX ETCH SALTS	1500.000	020792	1800.000
13051	451	12.000	METEX ETCH SALTS	300.000	050792	100.000
13071	451	80.000	METEX M 639	4000.000	012392	2000.000
13071	451	64.000	METEX M 639	25600.000	012392	8000.000
13103	451	12.000	KENLEVEL II IMPROVED LEVLR TB	530.424	033092	663.030
13103	451	10.000	KENLEVEL II IMPROVED LEVLR TB	4862.220	102992	1458.655
13118	451	72.000	KENLEVEL R III LEVLR TC	3302.640	102992	779.790
13120	451	16.000	KENLEVEL LEVLR TM-A	7522.680	120392	2350.865
13120	451	16.000	KENLEVEL LEVLR TM-A	683.880	012392	299.200
13122	451	68.000	KENLEVEL TM HT	2897.983	013192	554.025
13300	451	2.000	RTL ALPHA II	79.230	120392	158.460
13337	451	5.000	KENVERT NO 70	500.000	111392	300.000
13343	451	10.000	DISCONTINUED BAT 432	434.514	052292	217.255
13344	451	1.000	DISCONTINUED BAT 433	42.284	060492	42.285
13351	451	34.000	RESTIN PC	1448.992	050792	681.880
13360	451	34.000	MAT 447	1434.814	020792	1899.020
13501	451	24.000	METEX STRIP AID	600.000	012392	250.000
13501	451	12.000	METEX STRIP AID	2400.000	022092	1600.000
13583	451	12.000	METEX 4083 A NICKEL STRIPPER	300.000	010892	50.000
13584	451	3.000	METEX 4083 B NICKEL STRIPPER	126.476	050792	42.160
13603	451	67.000	METEX SS 2 METAL STRIPPER	22330.517	030392	11665.200
13618	451	2.000	RACK STRIPPER SS 10 B	1119.228	111392	559.625
13645	451	13.000	METEX NITRA ADD 3645	1300.000	102992	300.000
13673	451	241.000	METEX 3674 B ADDITIVE	10783.328	080792	4295.435
13674	451	142.000	METEX 3674 A RACK STRIPPER	91840.914	092292	18756.265

13675	451	72.000	METEX 4075 STRIPPER	25400.304	112092	6350.070
13701	451	60.000	METEX BR NICKEL STRIPPER	1500.000	041792	525.000
13701	451	1.000	METEX BR NICKEL STRIPPER	120.000	112092	120.000
13705	451	98.000	METEX SCB A NICKEL STRIPPER	2450.000	121692	525.000
13711	451	319.000	METEX SCB B NICKEL STRIPPER	13169.277	050492	3426.490
13711	451	14.000	METEX SCB B NICKEL STRIPPER	6357.582	011392	2724.700
13796	451	53.000	MTO METEX ZDC NICKEL STRIPPER	3094.140	050492	1634.640
13796	451	2.000	MTO METEX ZDC NICKEL STRIPPER	1284.360	081492	1284.360
13860	451	12.000	METEX FA COPPER STRIPPER	535.428	052292	803.140
13860	451	28.000	METEX FA COPPER STRIPPER	13742.652	010892	6871.315
13861	451	12.000	METEX FB COPPER STRIPPER	555.444	060292	740.590
13861	451	8.000	METEX FB COPPER STRIPPER	4073.256	060492	1018.325
14002	451	5.000	METEX STRIPPER DB	339.855	052292	339.855
14002	451	4.000	METEX STRIPPER DB	2990.724	031192	2990.735
14038	451	4.000	VOLTO STRIP M	400.000	041792	200.000
14492	451	3.000	DISCONTINUED 770 WE PHOSPHOTEX	132.606	032092	132.605
14608	451	2.000	PHOSPHOTEX A 8	138.000	072492	138.000
14651	451	1.000	MANGANESE PHOSPHOTEX	600.000	090492	600.000
14694	451	1.000	PHOSPHOTEX B 1	50.000	090492	50.000
14906	451	16.000	PHOS 685 K DRY TO TOUCH OIL	6730.046	042392	2103.145
15001	451	6.000	METEX BCB CHEMICAL POLISH	3864.089	051192	2576.035
15001	451	182.000	METEX BCB CHEMICAL POLISH	10655.518	110292	3337.170
15012	451	18.000	ELECTROGLEAM 55	1321.056	031692	513.745
15022	451	9.000	DYGLEAM 78	440.227	071092	293.485
15022	451	75.000	DYGLEAM 78	40354.133	111292	7532.745
15030	451	1.000	DISCONTINUED #2 AL BRITE DIP	68.638	050792	68.640
15030	451	1.000	DISCONTINUED #2 AL BRITE DIP	755.020	020792	755.040
15041	451	13.000	METEX 41 L CHEMICAL POLISH	674.915	121892	674.915
15041	451	23.000	METEX 41 L CHEMICAL POLISH	13134.875	060492	4568.630
15604	451	1.000	DISCONTINUED EXCR TINTAC KNVRT	474.755	010892	474.760
15701	451	4.000	BLACKHOLE CLEAN II	171.971	030392	85.985
15702	451	5.000	MICROCLEAN	1125.000	071792	1125.000
15705	451	6.000	BLACKHOLE CLEAN 120	257.456	040992	128.730
15706	451	3.000	BLACKHOLE CONDITION	127.727	030392	85.150
15707	451	7.000	DISCONTINUED 125A BLACKHOLE	292.192	040992	125.225
15708	451	6.000	DISCONTINUED 125B BLACKHOLE	251.451	040992	125.725
15711	451	6.000	BLACKHOLE ANTITARNISH	52.792	071092	52.792
15712	451	22.000	BLACKHOLE CLEAN 110 C	933.913	090492	424.505
15714	451	10.000	BLACKHOLE CONDITION 115C	427.008	022092	298.905
15715	451	1.000	BLACKHOLE STARTER C	466.957	060492	1400.850
15716	451	80.000	BLACKHOLE REPLENISHER C	713.237	082192	294.210
15808	451	8.000	AQUALAC 8	3742.992	040692	935.770
15835	451	1.000	METEX DEFOAMER 5835	36.988	100992	36.990
16008	451	10.000	SOAK 029	3500.000	010892	4200.000
16030	451	5.000	BRITE GLOSS NC	293.985	060492	117.595
16039	451	2.000	MTO COLEC AP	800.000	032092	1200.000
16041	451	1.000	COLEC KW	400.000	031692	400.000
16101	451	2.000	CHEM RITE A 22	1036.203	042392	518.100
16115	451	16.000	VICTACLEAN N	720.000	030392	405.000
16205	451	29.000	METACOTE AS 5L	15225.000	100292	4725.000
16320	451	32.000	PROQUEL 1299 NF	277.555	062692	173.472
16350	451	4.000	PROQUEL B	168.468	040692	84.235
16464	451	8.000	VICTA D OX 10	5210.832	111392	1954.040
16501	451	34.000	METEX ADD AGENT S 1	1426.307	020792	377.550
16502	451	22.000	METEX S 3 COPPER ADD AGENT	944.922	010892	257.705
16517	451	22.000	METEX NON PITTE R N 17	934.831	040992	254.955
16561	451	84.000	ROCHELTEX	4623.696	030392	1321.055
16583	451	40.000	METEX CI 2 BRI COPPER MAINT	1701.360	090492	1063.350
16811	451	115.000	METEX 6811 LIQUID ZINCATE	6929.498	082192	1385.900
16815	451	5.000	DISKATE LQ	3314.108	021492	2651.275

17115	451	4.000	SP 21 IMPROVED	2293.500	041692	1146.750
17126	451	1.000	CT 418	150.746	041792	150.750
17131	451	1.000	MACUGUARD PROMOTER MG 150	50.000	030392	50.000
17135	451	1.000	MACUGUARD MG 80 PROMOTER	50.000	040992	50.000
17136	451	1.000	SC M	579.630	041692	579.650
17144	451	12.000	MACUGUARD SC D DEFOAMER	240.000	031692	180.000
17526	451	20.000	7526 SOLDER CONDITIONER	9962.964	030592	3487.055
17533	451	12.000	DISCONTINUED 7533 SOLDER CONDI	5779.620	050592	2889.810
17595	451	161.000	METEX 7595	78885.975	080592	22048.900
17801	451	16.000	TIN MAC STARTER	693.888	040692	390.310
17802	451	12.000	TIN MAC REPLENISHER	500.400	090492	250.200
17806	451	11.000	MS STARTER	468.791	081392	255.705
17808	451	1.000	MR STARTER	41.783	050792	41.785
17811	451	1.000	MR BOOSTER	41.867	050792	41.865
17812	451	2.000	MR REPLENISHER	83.400	033092	83.400
17880	451	20.000	METEX SPRAY STOP HF	20.000	090492	9.000
17891	451	32.000	FF 448 TIN CONC	2041.632	030392	1084.615
17892	451	36.000	FF 449 LEAD CONC	2476.980	033092	1238.490
17893	451	60.000	FF 451 ACID	3377.700	013192	1069.605
18022	451	28.000	ENIHILATOR #1	1455.997	050592	520.000
18112	451	16.000	NIMAC 12 A WETTER	676.541	060192	211.420
18114	451	84.000	NIMAC 14 INDEX	4031.723	040692	863.940
18114	451	18.000	NIMAC 14 INDEX	9503.347	052292	2639.835
18120	451	8.000	NIMAC IRON CONTROL 8120	348.278	040692	217.675
18123	451	12.000	NIMAC 8123	534.928	111392	267.465
18133	451	60.000	NIMAC 33	2679.642	012392	848.555
18133	451	1.000	NIMAC 33	491.268	061292	491.260
18143	451	46.000	NIMAC 32 C WETTER	1939.300	041792	632.380
18146	451	5.000	NIMAC 8146	250.000	081392	100.000
18148	451	3.000	NIMAC 32 D	128.853	091892	85.900
18152	451	40.000	NIMAC 8152	1858.152	040992	696.805
18165	451	6.000	NIMAC A 71	267.714	080792	223.095
18170	451	84.000	NIMAC 8170	3958.164	010892	2685.895
18170	451	32.000	NIMAC 8170	16586.592	051992	5183.310
18175	451	5.000	NIMAC HL	217.466	061992	173.970
18180	451	2.000	NIMAC 8180 CU CONTROL	83.817	072492	83.815
18188	451	5.000	NIMAC 8188	233.520	082192	93.410
18190	451	20.000	NIMAC NI PURIFIER	844.842	012392	760.360
18204	451	1.000	TRI MAC LIQUID CONCENTRATE	51.708	060292	51.710
18205	451	2.000	TRIMAC CARRIER	96.744	080792	96.745
18377	451	3.000	MIRRO MAC 8377	1431.144	032092	477.070
18377	451	6.000	MIRRO MAC 8377	260.208	013192	260.210
18382	451	9.000	PREMIER ULTRA R	383.744	100992	213.190
18383	451	8.000	PREMIER ULTRA PURIFIER	343.608	092592	171.805
18384	451	4.000	PREMIER ULTRA CONDITIONER	174.473	083192	130.855
18385	451	4.000	PREMIER ULTRA CA	200.000	081392	100.000
18386	451	2.000	PREMIER ULTRA HM	84.651	080792	84.650
18390	451	1.000	DISCONTINUED CADRITE-S	44.202	051392	44.200
18393	451	2.000	CADMAC 35	88.404	060492	132.605
18501	451	100.000	METEX FILTER POWDER 1	5000.000	091492	1750.000
18502	451	100.000	METEX FILTER POWDER 2	3000.000	091492	1710.000
18604	451	2.000	MTO MACRO ALUM 4	50.000	051892	50.000
18609	451	11.000	MACRO BRASS 1	1100.000	013192	200.000
18612	451	1.000	MACRO BRITE 2	100.000	071792	100.000
18618	451	10.000	MACRO BRITE C 9	1000.000	112092	400.000
18622	451	5.000	MACRO BRITE 16	779.999	070292	312.000
18622	451	8.000	MACRO BRITE 16	4575.991	121192	1716.000
18630	451	5.000	MACRO BRONZE 4	500.000	010692	300.000
18630	451	1.000	MACRO BRONZE 4	25.000	021492	25.000
18637	451	8.000	MACRO BRONZE CM 8637	4513.608	021492	1128.380

18642	451	12.000	MACRO DRAB 6A	567.954	050592	567.955
18643	451	12.000	MACRO DRAB 6B	645.516	051892	430.345
18645	451	70.000	HEX TENDER 8645	37406.985	111392	8015.810
18661	451	64.000	BLACK MACRO 8661	6400.000	031692	1200.000
18665	451	1.000	BLACK MACRO 8665	45.245	120392	45.245
18665	451	16.000	BLACK MACRO 8665	7963.032	030392	2488.475
18666	451	6.000	BLACK MACRO 8666	253.202	010692	253.200
18667	451	1.000	MACRO BLACK 8667	52.542	120392	52.540
18667	451	4.000	MACRO BLACK 8667	2311.848	012392	2311.870
18706	451	96.000	CUMAC 8706	4043.232	020792	1221.395
18706	451	16.000	CUMAC 8706	7412.592	050592	2779.700
18710	451	1.000	CUMAC GR	42.534	071792	42.535
18715	451	10.000	CUMAC BARREL STARTER	425.340	091892	425.340
18715	451	2.000	CUMAC BARREL STARTER	935.748	101992	935.770
18716	451	14.000	CUMAC MT2	595.476	030392	255.205
18720	451	20.000	CUMAC LV	867.360	033092	346.945
18727	451	11.000	CUMAC VC	467.415	070292	169.970
18728	451	3.000	CUMAC CARRIER 8728	132.606	111392	88.405
18732	451	3.000	CUMAC F	130.104	111392	86.735
18733	451	8.000	CUMAC F MT	336.936	111392	252.700
18733	451	1.000	CUMAC F MT	463.287	112092	463.265
18736	451	10.000	CUMAC BARREL BRIGHTENER	425.340	091892	425.340
18736	451	3.000	CUMAC BARREL BRIGHTENER	1403.622	100992	935.770
18790	451	1.000	METEX 8790 A C MAKEUP	42.213	112092	42.215
18790	451	26.000	METEX 8790 A C MAKEUP	12072.889	030592	3714.755
18791	451	7.000	METEX 8791 A C BRIGHTENER	293.126	061292	251.250
18791	451	33.000	METEX 8791 A C BRIGHTENER	15200.661	081392	3685.000
18792	451	22.000	METEX 8792 A C LEVELER	10167.086	060392	5083.540
18814	451	1.000	MTO MACRO MAG D 19	8.423	061292	8.423
18814	451	12.000	MTO MACRO MAG D 19	505.404	060492	463.285
18837	451	1.000	MTO METEX SD 467	350.000	020792	350.000
18901	451	1.000	METEX IT	100.000	030392	100.000
18902	451	8.000	METEX CAD IT	800.000	111392	300.000
19002	451	3.000	METEX 9008 PRE DIP REPLENISHER	75.000	091892	50.000
19002	451	92.000	METEX 9008 PRE DIP REPLENISHER	9200.000	031392	1400.000
19003	451	252.000	METEX UNIVERSAL STABILIZER	10550.434	100992	1507.205
19005	451	12.000	MTO U 1 UNIVERSAL EC TEST SOL	25.245	012092	46.283
19006	451	8.000	MTO U 2 UNIVERSAL EC TEST SOL	16.680	042392	29.190
19007	451	140.000	MACU PREP 93 P PRE DIP	14000.000	051192	5400.000
19008	451	204.000	METEX 9008 PRE DIP	9952.956	062292	3707.965
19008	451	247.000	METEX 9008 PRE DIP	132559.713	010892	22540.540
19008	451	55.000	METEX 9008 PRE DIP	536.679	032792	536.679
19010	451	290.000	MACTIVATE 10	3821.388	111392	764.278
19010	451	1.000	MACTIVATE 10	65.886	091892	65.885
19012	451	84.000	MACU PREP 95 A ACTIVATOR	1106.885	033092	276.721
19015	451	22.000	MACU PREP 93 L PREDIP	1068.771	010892	1117.350
19015	451	188.000	MACU PREP 93 L PREDIP	100464.474	120992	16565.945
19016	451	58.000	MACU PREP ETCH G 6 B	2892.646	040692	1196.955
19017	451	276.000	CONDITIONER 90A	12498.991	051192	1947.305
19018	451	169.000	CONDITIONER 90B	7470.138	070792	1547.070
19019	451	102.000	CONDITIONER 90C	4253.400	012092	917.400
19019	451	5.000	CONDITIONER 90C	41.700	072492	41.700
19022	451	31.000	MACU PREP ETCH G 6 STABILIZER	1570.631	062292	658.650
19024	451	29.000	MACU PREP ETCH G 6 STARTER	1309.672	062292	858.060
19031	451	154.000	XD 6079 T PTH PRIMER	6845.639	050792	1466.925
19031	451	15.000	XD 6079 T PTH PRIMER	133.357	011492	133.357
19039	451	17.000	MACUPREP 91 B BUFFER	425.000	012492	175.000
19047	451	296.000	METEX E C 9048 C	175150.008	092892	33728.200
19047	451	5.000	METEX E C 9048 C	17751.690	012792	7100.610
19048	451	222.000	METEX E C 9048 A	134926.605	092392	34643.345

19048	451	3.000	METEX E C 9048 A	10939.995	011392	3646.830
19051	451	96.000	METEX E C 9048 B	46589.242	120392	9220.805
19056	451	62.000	MACU PREP ETCH G 5 B	30921.384	092192	6982.250
19056	451	239.000	MACU PREP ETCH G 5 B	11919.695	122292	2493.660
19061	451	3.000	DISCONTINUED G2 MACU PREP ETCH	1200.000	041792	800.000
19062	451	168.000	MACU PREP ETCH G 5 S	7040.628	010892	2304.970
19062	451	32.000	MACU PREP ETCH G 5 S	14751.792	122292	3687.970
19063	451	13.000	DISCONTINUED G3 MACU PREP ETCH	1300.000	040992	900.000
19067	451	76.000	DISCONTINUED 9070 M PTH ACT	816.386	051192	333.000
19067	451	36.000	DISCONTINUED 9070 M PTH ACT	1933.546	040692	1826.125
19070	451	12.000	DISCONTINUED 9070 PTH ACT	595.476	033092	347.360
19071	451	121.000	9071 PTH ACCELERATOR	6922.700	012992	1773.585
19074	451	353.000	METEX 9074 PTH ACCELERATOR	20873.102	121492	4907.840
19074	451	14.000	METEX 9074 PTH ACCELERATOR	9106.112	091492	2601.720
19075	451	33.000	METEX 9075	1396.742	013192	423.255
19075	451	9.000	METEX 9075	76.186	102992	42.326
19077	451	15.000	MACU PREP 94 B ADDITIVE	154.499	020792	92.699
19078	451	47.000	XD 6011 T	2165.690	111792	460.785
19080	451	61.000	METEX 9080 NEUTRALIZER	2581.856	041692	1142.790
19081	451	44.000	METEX EC 9048 ADDITIVE	21353.402	040992	2911.810
19092	451	17.000	METEX 9072 E PTH ELEC COPPER	825.869	101992	388.645
19093	451	13.000	METEX 9073 E PTH COPPER REDUCR	622.331	010992	909.560
19093	451	1.000	METEX 9073 E PTH COPPER REDUCR	526.588	051592	526.570
19103	451	8.000	POST DIP IMM SOLDER STRIPPER	450.360	020792	168.885
19120	451	80.000	METEX ETCHANT MU A	3569.520	020792	803.140
19120	451	8.000	METEX ETCHANT MU A	3926.472	060492	3435.685
19121	451	36.000	METEX ETCHANT MU B	1666.332	071792	1157.175
19121	451	4.000	METEX ETCHANT MU B	2036.628	082892	509.135
19184	451	1.000	DISCONTINUED 84 CIRCU ETCH REP	472.048	033192	472.065
19185	451	5.000	CIRCUIT ETCH 85 FOAM BLANKET	41.533	030592	41.533
19187	451	1.000	DISCONTINUED CIRC ETCH STARTER	573.834	033192	573.815
19189	451	72.000	CIRCU ETCH 89 REPLENISHER	3098.477	020792	1032.825
19189	451	13.000	CIRCU ETCH 89 REPLENISHER	6153.919	100292	1893.540
19202	451	68.000	XD-6183-T HOLE CONDITIONER	2909.326	083192	1411.880
19202	451	3.000	XD-6183-T HOLE CONDITIONER	1411.879	022092	941.270
19204	451	131.000	MACUDIZER 9204 HOLE CONDITION	62313.019	100992	11891.825
19204	451	380.000	MACUDIZER 9204 HOLE CONDITION	16432.302	040992	2637.815
19206	451	82.000	MACUDIZER PLUS 9206	4650.384	030592	1077.530
19207	451	72.000	METEX M 667	3026.419	042392	756.605
19212	451	1.000	9212 NON PEROXIDE STRIPPER	545.853	121192	545.875
19213	451	2.000	METEX CIRCUIT SCRUB H	50.000	071092	50.000
19213	451	39.000	METEX CIRCUIT SCRUB H	2925.000	041792	900.000
19216	451	1.000	METEX SOLDER STRIPPER	44.577	121192	44.575
19217	451	25.000	DISCONTINUED SOLDER BRITE	1140.495	021392	501.820
19223	451	6.000	XD 6075 T	252.202	042392	336.270
19224	451	1.000	ULTRA BRIGHT 9226 P	100.000	120392	100.000
19226	451	2.000	ULTRA BRIGHT 9226	90.572	110492	90.570
19226	451	242.000	ULTRA BRIGHT 9226	120551.864	011692	22914.815
19227	451	68.000	MACU DIZER 9221 S	2872.463	112092	1393.990
19227	451	1.000	MACU DIZER 9221 S	464.663	073192	464.640
19229	451	144.000	METEX L 5 B	7205.760	083192	1801.440
19231	451	9.000	ELIMINATOR INHIBITOR	74.309	042192	181.645
19231	451	2.000	ELIMINATOR INHIBITOR	4.128	013192	4.128
19232	451	6.000	ELIMINATOR DEFOAMER	50.540	042192	117.928
19233	451	137.000	METEX 9233 SOLDER CONDITIONER	68472.504	061692	11995.170
19233	451	77.000	METEX 9233 SOLDER CONDITIONER	3498.595	022192	1499.400
19235	451	41.000	ELIMINATOR MAKE UP	2060.189	012492	1959.690
19235	451	63.000	ELIMINATOR MAKE UP	34822.211	012492	27636.675
19236	451	8.000	ELIMINATOR OXIDIZER	1249.999	050792	3906.255
19236	451	15.000	ELIMINATOR OXIDIZER	156.250	010992	156.250

19240	451	13.000	MAC ALLOY BOOSTER	548.605	121192	253.200
19241	451	138.000	MACU SPEC(TM) 9241 ACID COPPER	5829.410	070292	1393.990
19241	451	5.000	MACU SPEC(TM) 9241 ACID COPPER	42.242	072492	2830.221
19245	451	17.000	MAC ALLOY STARTER	710.318	121192	292.485
19246	451	24.000	MAC ALLOY REPLENISHER	1016.813	051192	296.570
19249	451	103.000	OMNIBOND 9249	5325.924	021492	1344.410
19249	451	36.000	OMNIBOND 9249	20476.368	011492	6825.445
19251	451	140.000	OMNIBOND 9251	7209.930	091092	1544.985
19251	451	6.000	OMNIBOND 9251	3398.967	091092	1699.500
19257	451	688.000	MACU PREP ETCH G 4	68800.000	102392	6700.000
19257	451	12.000	MACU PREP ETCH G 4	300.000	011792	375.000
19258	451	3.000	OMNICLEAN CI	300.000	031692	200.000
19259	451	11.000	OMNICLEAN CS	660.528	110692	1200.960
19259	451	5.000	OMNICLEAN CS	3302.640	110692	1981.595
19260	451	11.000	DISCONTINUED OMNICLEAN NI	622.456	020792	679.045
19267	451	63.000	METEX CLEANER 9267	6300.000	090192	2400.000
19267	451	9.000	METEX CLEANER 9267	225.000	102992	100.000
19268	451	96.000	METEX 9268	5124.096	010692	3629.570
19268	451	64.000	METEX 9268	37576.704	021792	8807.040
19269	451	60.000	XD 6137 T HOLE CONDITIONER	2954.862	031692	837.210
19269	451	41.000	XD 6137 T HOLE CONDITIONER	22210.713	033092	3792.085
19270	451	62.000	XD 7154 T	3174.871	040692	1433.815
19271	451	104.000	MACDERMID 9271 PATTERN PL CLNR	5507.736	011492	1641.730
19271	451	23.000	MACDERMID 9271 PATTERN PL CLNR	13398.627	011492	5242.930
19275	451	168.000	MACUDIZER 9275	8400.000	110692	2050.000
19276	451	288.000	MACUDIZER 9276	18374.688	070192	4657.475
19276	451	16.000	MACUDIZER 9276	11228.976	070192	3509.055
19278	451	190.000	MACUDIZER 9278	4750.000	100292	900.000
19278	451	28.000	MACUDIZER 9278	2800.000	112092	1100.000
19279	451	468.000	MACUDIZER 9279	21447.644	100592	6507.620
19279	451	54.000	MACUDIZER 9279	27222.010	111692	8065.805
19280	451	1.000	XD 6153 T	42.242	070792	42.240
19281	451	12.000	MACUBLACK LT 9281	622.047	041592	570.210
19281	451	15.000	MACUBLACK LT 9281	8553.146	021392	6272.310
19282	451	36.000	MACUBLACK LT 9282	1981.584	040392	1431.145
19282	451	48.000	MACUBLACK LT 9282	29063.232	060292	6054.840
19283	451	33.000	MACUBLACK LT 9283	1830.213	010292	1608.370
19283	451	32.000	MACUBLACK LT 9283	19522.272	021292	4880.590
19288	451	1.000	MACUSPEC 9241 CARRIER ADJUSTER	42.117	100992	42.115
19290	451	2.000	MACU SPEC 19290 CONVERTER	84.067	111392	84.065
19291	451	26.000	MACDERMID 9291 RESIST STRIPPER	12164.724	010892	7018.110
19293	451	28.000	MACUDEP POST DIP 9293	2800.000	041792	900.000
19293	451	6.000	MACUDEP POST DIP 9293	150.000	010892	150.000
19295	451	362.000	METEX 9295 SOLDER REMOVER	17737.095	051892	3576.820
19295	451	69.000	METEX 9295 SOLDER REMOVER	33808.275	121092	8329.600
19334	451	8.000	DISCONTINUED MACUPLEX PA 3	333.600	080792	166.800
19340	451	33.000	MACUPLEX L 50 NEUTRALIZER	1578.387	081392	430.470
19349	451	3.000	MACUPLEX D 34 CONCENTRATE	39.532	100992	26.354
19357	451	5.000	MACUPLEX I 57 POWDER	5.000	020792	2.000
19378	451	24.000	MACUPLEX L-78	1235.988	071792	463.495
19378	451	2.000	MACUPLEX L-78	20.600	060492	20.600
19384	451	2.000	DISCONTINUED MACUPLEX 9384 PRE	83.483	040692	83.485
19394	451	19.000	MACSTOP 9554	159.569	012092	75.585
19394	451	2.000	MACSTOP 9554	83.984	010692	167.970
19408	451	20.000	MACUMAGE 9408 U V ETCH RESIST	160.000	032092	160.000
19415	451	5.000	MACUMASK 9415 GREEN	40.000	040692	32.000
19440	451	10.000	MTO 9440 MACUMASK SOLD R RESIST	88.996	071092	53.398
19442	451	14.000	DISCONTINUED 9446 CLEAR	116.199	010692	116.199
19443	451	54.000	MTO MACUMASK 9446 BLUE	448.198	022092	132.799
19444	451	1.000	MTO MACUMASK 9446 RED	8.300	070792	8.300

19446	451	727.000	MACUMASK 9446 GREEN	6912.025	071792	1150.420
19446	451	160.000	MACUMASK 9446 GREEN	1521.216	100992	532.426
19446	451	22.000	MACUMASK 9446 GREEN	1045.836	073192	285.230
19446	451	6.000	MACUMASK 9446 GREEN	285.228	102992	95.075
19447	451	371.000	CATALYST T	473.088	062592	368.703
19449	451	85.000	MACUMASK 9449 DARK GREEN	804.389	111792	832.779
19449	451	152.000	MACUMASK 9449 DARK GREEN	1438.437	070792	1428.973
19449	451	185.000	MACUMASK 9449 DARK GREEN	1750.729	121192	1362.730
19461	451	50.000	DISCONTINUED 9461 MACUMASK	500.817	031692	250.409
19490	451	1.000	XR 5045 T	2.205	060292	2.205
19490	451	2.000	XR 5045 T	26.455	120392	26.454
19491	451	1.000	MTO XR 5055 T	2.205	060292	2.205
19501	451	280.000	EC 375 CLEANER MACUDIZER	11150.580	100292	2588.530
19502	451	95.000	EC 375 REPLENISHER MACUDIZER	3882.270	090992	1021.650
19505	451	144.000	CDE 1000A MACUDIZER	8166.528	102392	2041.630
19506	451	66.000	CDE 1000B MACUDIZER	4210.866	072492	1020.815
19507	451	13.000	CDE 1000C SOLID MACUDIZER	715.000	082892	385.000
19508	451	3.000	CDE TREATMENT SOL'N MACUDIZER	148.244	050792	98.830
19510	451	84.000	CDE NEUTRALIZER MACUDIZER	4178.840	050592	1790.930
19512	451	9.000	CDE GLASS ETCH SOL'N MACUDIZER	484.512	040692	269.175
19520	451	127.000	MACUPREP 160 PTH CLEANER/COND	5857.265	052292	1291.365
19525	451	2.000	MACUPREP PRE ETCH 170	1480.684	080792	740.355
19525	451	132.000	MACUPREP PRE ETCH 170	8884.102	081392	3903.620
19527	451	44.000	MACUPREP PRE ETCH 175	3018.246	060292	1097.545
19529	451	8.000	MACUPREP ACTIVATOR PRE DIP N	4267.745	083192	1066.945
19531	451	35.000	MACUPREP ACTIVATOR PRE DIP	18783.765	052292	4830.100
19532	451	108.000	ACTIVATOR 180 MACUPREP	1433.046	040992	437.875
19537	451	46.000	MACUPREP 101 CONDITIONER	1943.137	042392	887.085
19538	451	148.000	MACUPREP 190 CONDITIONER	6418.464	102992	2255.135
19540	451	154.000	MACUDEP CU 240 A	6935.544	050592	1531.225
19540	451	2.000	MACUDEP CU 240 A	990.792	033092	990.770
19541	451	156.000	MACUDEP CU 240 B	8261.604	100992	2171.320
19545	451	264.000	MACUDEP CU 460 A	12329.856	091892	2195.090
19546	451	18.000	MACUDEP CU 460 B	953.262	032092	635.510
19547	451	258.000	MACUDEP CU 460 R	13233.078	121892	1641.310
19550	451	12.000	DISCONTINUED MACUDEP CU 835 A	500.400	010992	1000.800
19555	451	62.000	MACUDEP CU 840 A	31311.779	091892	11110.605
19555	451	412.000	MACUDEP CU 840 A	18915.620	110992	2525.145
19556	451	72.000	MACUDEP CU 840 B	3707.964	122292	1338.985
19557	451	216.000	MACUDEP CU 840 R	10844.669	050792	1857.650
19557	451	35.000	MACUDEP CU 840 R	19329.618	051192	4970.460
19560	451	9.000	MACUDEP CU 850-A	413.205	010692	413.205
19560	451	12.000	MACUDEP CU 850-A	6060.344	012092	2020.095
19561	451	13.000	MACUDEP CU 850 B	693.888	010992	587.135
19562	451	4.000	MACUDEP CU 850 R	1834.800	060492	917.400
19570	451	60.000	FORMALDEHYDE MACUDEP	2727.180	010992	1545.400
19571	451	30.000	LIQUID CAUSTIC SODA MACUDEP	1914.030	010992	829.415
19581	451	4.000	MTO MACUMARK BLK LETTERING INK	46.003	021492	34.503
19590	451	56.000	MACUMASK SM 111	588.470	050792	262.710
19593	451	192.000	MACUMASK SM 120	2129.702	022092	709.901
19620	451	14.000	METEX 9420 PREACTIVATOR	115.826	010892	99.279
19620	451	1.000	METEX 9420 PREACTIVATOR	41.366	102992	41.365
19804	451	9.000	MACUBOND 9804	5346.149	042192	7722.220
19804	451	216.000	MACUBOND 9804	11664.324	120992	2970.085
19805	451	19.000	MACUBOND 9805	10022.595	042192	13715.130
19805	451	100.000	MACUBOND 9805	4795.500	082792	2110.020
19810	451	20.000	METEX EPS	980.784	021492	735.590
19819	451	19.000	DISCONTINUED 9819 MACUBLACK	8715.300	042192	6421.800
19849	451	30.000	METEX CO AG	17393.904	102392	2898.995
19849	451	8.000	METEX CO AG	421.670	070992	316.255

19884	451	9.000	METEX M 684	377.177	033092	209.545
19884	451	17.000	METEX M 684	7836.890	112092	2765.950
19889	451	17.000	METEX M 690	757.105	102992	534.425
30533	451	12.000	FORMALDEHYDE	5999.796	031392	4499.880
30533	451	52.000	FORMALDEHYDE	472.711	022492	477.257
30533	451	312.000	FORMALDEHYDE	14181.336	041692	4090.770
30728	451	1.000	SETHCO ACTIVATED CARBON	50.000	091892	75.000
30732	451	16.000	CAUSTIC SODA 50% LIQUID	204.163	022192	306.245
38275	451	1.000	LIQUID NICKEL SULFATE	593.558	092392	890.340
38419	451	140.000	PREMIX SALTS	7000.000	070792	4575.000
40006	451	60.000	AC-818-T MASKANT	700.560	050792	1050.840
41467	451	22.000	BW 5056	22.000	060192	16.500
42205	451	2440.000	XW 7	5.392	070792	8.088
43603	451	10.000	J 66	10.000	060292	15.000
43653	451	63.000	MACDERMID COPPER OXIDE	25200.000	091492	12000.000
43653	451	20400.000	MACDERMID COPPER OXIDE	20400.000	012092	9600.000
43778	451	2000.000	XW-6/XL-6	4.420	071792	3.315
45036	451	60.000	XW 57	132.277	040692	69.446
45115	451	46.000	POLYOX WSRN 10	46.000	090992	12.000
45220	451	300.000	POTASSIUM IODATE	300.000	033092	150.000
45365	451	2646.000	QUADROL	2646.000	090492	1323.000
46327	451	45.000	SODIUM PHENOL SULFONATE	45.000	032792	67.500
47580	451	1.000	XW-102	44.000	060292	66.000
47586	451	3.000	XW/XL 11	132.481	021492	66.240
47596	451	993.000	XW 42	993.000	101692	1425.000
47598	451	1.000	XW 76	40.000	013192	60.000
47603	451	1.000	XW 75	41.000	022092	61.500
47700	451	2.000	XW-103	80.000	060292	60.000
47701	451	1.000	XW-104	40.000	060292	60.000
47702	451	1.000	XW-105	40.000	060292	60.000
70298	451	7.000	ACTIVATED CARBON	350.000	102992	250.000
70809	451	4.000	ENMAC 1066 M	2295.335	010692	1147.685
70810	451	5.000	ENMAC 1066 N	2770.548	040992	1662.320
70811	451	8.000	ENMAC 1066 R	4359.485	040992	3269.640
70812	451	1.000	ENMAC 1066 S	41.783	010692	41.785
72407	451	47.000	MACUDEP 900 AM	24404.675	040392	6231.005
73121	451	7.000	METEX SPC 3121	4623.696	050592	1321.045
75004	451	116.000	1020 IMMERSION TIN	5320.920	040992	1421.970
75004	451	1.000	1020 IMMERSION TIN	504.570	031692	504.570
75004	451	11.000	1020 IMMERSION TIN	100.914	012392	36.696
75010	451	658.000	22 A ELECTROLESS COPPER	30127.583	012292	7646.360
75010	451	134.000	22 A ELECTROLESS COPPER	67489.448	081192	12591.315
75012	451	726.000	22 B ELECTROLESS COPPER	36934.524	091192	7681.975
75012	451	153.000	22 B ELECTROLESS COPPER	85620.942	042492	13990.350
75013	451	34.000	2341 ANTIFOAM	1239.157	020592	400.905
75013	451	81.000	2341 ANTIFOAM	590.422	092392	284.277
75014	451	8.000	MTO 235 IR FUSING FLUID	316.920	070992	158.460
75016	451	71.000	DISCONTINUED 41 C ACCELERATOR	2960.700	020792	3085.800
75016	451	18.000	DISCONTINUED 41 C ACCELERATOR	8256.600	021392	5504.400
75029	451	106.000	SOLDER STRIP 709	4941.784	072192	2097.925
75029	451	10.000	SOLDER STRIP 709	5128.266	092392	2051.280
75030	451	211.000	MTO 710 HOT AIR LVLNG SURF CON	9414.609	032592	1784.760
75032	451	731.000	717 ACID CLEANER	34994.140	082192	7324.355
75032	451	81.000	717 ACID CLEANER	42653.596	110292	8425.395
75037	451	37.000	DISCONTINUED 729 MICROETCH ADD	1820.622	012392	1082.530
75048	451	2.000	MTO IR POST CLEANER	896.300	042192	896.280
75052	451	32.000	DISCONTINUED #9 ETCH BACK NEUT	1401.120	030592	875.700
75053	451	12.000	DISCONTINUED SC 500 SOLD COND	520.916	031092	520.915
75053	451	11.000	DISCONTINUED SC 500 SOLD COND	5252.574	031092	6685.085
75054	451	47.000	ME 1010 IMMERSION TIN	2077.494	020792	707.230

75054	451	12.000	ME 1010 IMMERSION TIN	5834.664	012392	2431.110
75054	451	5.000	ME 1010 IMMERSION TIN	44.202	021992	44.202
75055	451	16.000	ME 1010 A REPLENISHER	158.794	120892	79.397
75056	451	30.000	ME 1010 B REPLENISHER	285.228	030992	95.076
75057	451	7.000	MRA 10 METAL REDUCING AGENT	81.732	011692	81.732
75057	451	15.000	MRA 10 METAL REDUCING AGENT	875.700	120892	408.660
75063	451	64.000	DES EQUIPMENT CLEANER	3362.688	061992	2364.390
75063	451	112.000	DES EQUIPMENT CLEANER	64731.744	110692	9825.365
75064	451	21.000	PD510 SOLDER CONDITIONER	921.236	061692	526.420
75064	451	66.000	PD510 SOLDER CONDITIONER	31848.458	040192	6273.190
75065	451	12.000	DISCONTINUED CATALYST PREMIX	6550.236	031192	6550.225
75068	451	291.000	RS 200 RESIST STRIPPER	12498.741	111792	3221.325
75072	451	4.000	RS 280 RESIST STRIPPER	1743.060	061692	871.530
75074	451	29.000	SCREEN CLEANER 400	12637.185	120892	3486.120
75075	451	125.000	SCREEN CLEANER 420	5655.563	070992	1583.560
75075	451	53.000	SCREEN CLEANER 420	26377.544	110292	7465.370
75076	451	51.000	SCREEN CLEANER 420 HP	25131.846	120892	6406.180
75078	451	1467.000	SOLDER FLOW 10	69738.246	111292	9792.830
75078	451	120.000	SOLDER FLOW 10	62750.160	082592	13072.950
75079	451	60.000	SOLDER FLOW 3	2654.622	041792	1106.095
75079	451	20.000	SOLDER FLOW 3	9733.614	082192	2920.060
75081	451	1026.000	SOLDER FLUX 5	38933.622	101392	7285.825
75081	451	59.000	SOLDER FLUX 5	24627.603	052192	7096.100
75082	451	228.000	DISCONTINUED TS 16 CATALYST	3078.561	070992	769.640
75102	451	73.000	DISCONTINUED #5 ACID CLEANER	3409.392	050792	1401.120
75103	451	6.000	DISCONTINUED Q-KLEEN 41	600.000	012392	1000.000
75104	451	107.000	NC S04	4765.309	090992	2716.670
75105	451	22.000	DISCONTINUED CLEANER CONDI 500	957.766	071092	740.090
75106	451	72.000	DISCONTINUED ACCELERATOR AC-3	3140.510	041792	1264.930
75106	451	105.000	DISCONTINUED ACCELERATOR AC-3	915.982	111892	915.982
75107	451	3.000	DISCONTINUED ANTI-OX SOLUTION	7.178	061792	7.178
75107	451	12.000	DISCONTINUED ANTI-OX SOLUTION	543.434	090992	362.290
75110	451	126.000	MACUPREP CATALYST 550	1701.310	030992	621.113
75111	451	81.000	DISCONTINUED 555 MACUPRE-DIP	8100.000	062692	2700.000
75112	451	38.000	DISCONTINUED 400A COPPERDEP	1727.214	081292	1181.780
75113	451	14.000	DISCONTINUED 400B COPPERDEP	665.532	071092	665.530
75115	451	33.000	DISCONTINUED TIN IMMERSION 601	1444.905	080792	875.700
75117	451	60.000	MACUDEP 708 A	2762.208	071792	1381.105
75117	451	40.000	MACUDEP 708 A	20256.192	041792	4051.245
75118	451	56.000	MACUDEP 708 B	2825.592	090992	1210.970
75118	451	27.000	MACUDEP 708 B	14985.729	061292	4440.205
75122	451	60.000	MACUDEP 716 A	30659.508	082492	12263.790
75123	451	60.000	MACUDEP 716 B	2912.328	051892	1456.165
75123	451	50.000	MACUDEP 716 B	26696.340	090992	8542.820
75124	451	144.000	MACUDEP 716 C	6473.174	083192	2202.675
75125	451	13.000	MACUDEP 716 D	110.372	061792	110.372
75126	451	19.000	MACUDEP 716 ANF	893.714	081392	1034.825
75127	451	73.000	PEROXY ETCH 63	10337.764	012092	2407.425
75128	451	139.000	ETCH PREP	6950.000	112092	1400.000
75129	451	8.000	DISCONTINUED TIPSTRIP III	366.960	091192	642.180
75131	451	67.000	MTO Q-FLUX 5	2556.419	032592	839.420
75132	451	12.000	Q-FLUX IR 7	5190.649	030992	2595.340
75133	451	13.000	DISCONTINUED EC 300 MACUPREP	550.774	042992	2499.665
75135	451	7.000	DISCONTINUED Q BRITE 301	3352.180	051392	3352.195
75136	451	40.000	DISCONTINUED Q-FLOW 3	1761.408	040692	792.635
75138	451	137.000	DISCONTINUED 100 A OXIDE	6832.628	102992	1645.815
75139	451	89.000	DISCONTINUED 100 B OXIDE	4405.313	012092	1979.915
75145	451	5.000	FANTON 364 PHOTORESIST	37.989	013192	37.989
75145	451	3.000	FANTON 364 PHOTORESIST	113.966	061292	113.965
75146	451	5.000	FANTON 370 LS PHOTORESIST	41.700	012992	41.700

75158	451	104.000	PC 401 EMERALD GREEN	904.656	010992	904.656
75159	451	112.000	PC 401 BLUE	974.245	051592	417.534
75159	451	16.000	PC 401 BLUE	139.178	111892	139.178
75161	451	12.000	PC 401 DK GREEN HV	104.383	042992	104.383
75162	451	24.000	PC 401 DK GREEN	208.767	060292	173.972
75162	451	580.000	PC 401 DK GREEN	5045.200	071092	2087.669
75162	451	4.000	PC 401 DK GREEN	34.794	111892	34.794
75163	451	20.000	DISCONTINUED PC 401 BLACK	173.972	010692	95.685
75164	451	74.000	PC 401 CLEAR	643.698	010992	252.260
75164	451	132.000	PC 401 CLEAR	1148.218	071092	521.917
75164	451	41.000	PC 401 CLEAR	356.643	111392	130.479
75165	451	871.000	PC 401 GREEN	7576.498	051892	2209.449
75165	451	100.000	PC 401 GREEN	869.862	092192	869.862
75165	451	128.000	PC 401 GREEN	1113.423	120392	347.945
75166	451	72.000	PC 401 EC GREEN	626.301	030392	208.767
75166	451	730.000	PC 401 EC GREEN	6349.993	051592	2870.545
75166	451	12.000	PC 401 EC GREEN	104.383	122292	104.383
75167	451	47.000	MT0 PC 401 RED	408.835	052292	208.767
75168	451	120.000	PC 401 GREEN HV	1043.834	040992	1043.834
75169	451	10.000	T HARDNER (USED W/PC401 INK)	23.185	072492	13.911
75170	451	6.000	XD HARDNER(USED W/PC501 INKS)	5.238	031692	5.135
75174	451	350.000	PC 501 GREEN	3298.470	050792	1809.446
75175	451	11.000	CT HARDNER (USED W/SM205&401M)	13.761	040692	22.518
75176	451	543.000	PC 401-M GREEN	4453.898	022092	598.774
75176	451	92.000	PC 401-M GREEN	754.620	091892	393.715
75176	451	2.000	PC 401-M GREEN	16.405	111792	344.500
75179	451	66.000	MT0 PC 401-M BLUE HV	541.358	032092	475.739
75179	451	18.000	MT0 PC 401-M BLUE HV	147.643	120392	147.643
75179	451	11.000	MT0 PC 401-M BLUE HV	90.226	102892	196.857
75180	451	156.000	PC 401-M GREEN HV	1279.573	060292	803.834
75184	451	1.000	DISCONTINUED SMX 200 BLUE	7.197	042992	28.790
75185	451	9.000	SMX HARDNER (USED W/SMX INK)	12.591	061792	23.784
75186	451	4.000	DISCONTINUED PC 501 BL SOLDER	34.794	073192	34.794
75189	451	438.000	SM 205 GREEN	3592.647	013192	524.953
75189	451	16.000	SM 205 GREEN	131.238	101292	131.238
75192	451	32.000	MT0 SM 205 BLUE	262.476	071792	57.417
78210	451	10.000	MACROME 8210	1000.000	050592	400.000
78260	451	23.000	SUPER CAT	994.587	071792	389.185
78280	451	7.000	MACROME 80 CA	325.760	013192	325.760
79102	451	24.000	MACDERMID AF	203.763	112092	101.881
79208	451	1.000	MT0 XD-7194-T	41.658	070792	41.660
79209	451	1.000	XD-7195-T	41.658	070792	41.660
79210	451	83.000	TS-12 TIN STRIPPER	44163.636	030692	15962.760
79211	451	9.000	XD-6214-T	383.181	062692	468.335
79211	451	31.000	XD-6214-T	14518.314	083192	6556.660
79212	451	82.000	ELIMINATOR II MAKE-UP	43706.771	092592	6396.115
79213	451	20.000	ELIMINATOR II INHIBITOR	167.467	082892	50.240
79214	451	15.000	ELIMINATOR II DEFOAMER	113.841	082892	53.126
79250	451	1.000	DISCONTINUED OMNIBOND PLUS POS	474.755	022092	474.760
79253	451	11.000	DISCONTINUED XD-6208-T REPLENI	275.000	022092	225.000
79255	451	12.000	9255 TARTAN PB STABILIZER	300.000	021492	100.000
79256	451	11.000	9256 TARTAN SN PB MAKEUP	465.122	081392	169.135
79257	451	5.000	9257 TARTAN PB REPLENISHER	209.751	031692	209.750
79260	451	173.000	OMNIBOND PLUS+ 6220	8310.643	111292	3506.805
79260	451	97.000	OMNIBOND PLUS+ 6220	51256.973	101992	11096.855
79261	451	287.000	OMNIBOND PLUS+ 6221	13404.048	072292	2522.015
79269	451	112.000	OMNIBOND PLUS 269	5058.043	110692	1083.865
79270	451	44.000	TARTAN CU	1847.644	061292	503.905
79271	451	75.000	OMNIBOND PLUS 271	3878.100	112592	1706.365
79271	451	35.000	OMNIBOND PLUS 271	19907.580	070792	5687.880

79272	451	120.000	OMNIBOND PLUS 272	6179.940	112592	2265.980
79272	451	46.000	OMNIBOND PLUS 272	26058.747	112592	7364.445
79273	451	83.000	OMNIBOND F	4464.819	012992	1452.410
79273	451	84.000	OMNIBOND F	49704.732	012992	9467.590
79275	451	4.000	MACUDIZER 702A	200.000	042392	350.000
79277	451	4.000	MACUDIZER 701 A	255.204	073192	191.405
79279	451	30.000	MACUDIZER 703	1418.634	071792	709.315
79992	451	4.000	POLYPRECIPITATOR 92 METEX	100.000	030392	75.000
79992	451	8.000	POLYPRECIPITATOR 92 METEX	800.000	010892	500.000
30533	511	456.000	FORMALDEHYDE	20726.568	091692	5113.463
30533	511	83.000	FORMALDEHYDE	41498.589	111392	8999.678
30726	511	30.000	CARBON DARCO S 51	1500.000	060192	2250.000
38003	511	3.000	ACETIC ACID TECH	132.606	040292	265.215
38012	511	5.000	AMMONIUM HYDROXIDE REAGENT	140.000	040292	210.000
38014	511	800.000	STANNOUS SULFATE	800.000	041792	600.000
38020	511	1.000	HYDROGEN PEROXIDE 35% PERONE	135.000	111292	202.500
38030	511	14.000	ACID BORIC GRANULAR	700.000	040292	750.000
38059	511	9.000	CAUSTIC POTASH SOL 45%	5940.000	032792	5940.000
38061	511	1.000	CAUSTIC SODA 50% MERC CELL	700.000	050192	1050.000
38062	511	4.000	CAUSTIC SODA 50% DIA CELL	2800.000	092492	2100.000
38130	511	53.000	FLUOBORIC ACID	8745.000	022592	6187.500
38170	511	104.000	HYDROCHLORIC ACID TECH	14040.000	120992	4860.000
38170	511	4.000	HYDROCHLORIC ACID TECH	2000.000	082692	3000.000
38173	511	24.000	HYDROCHLORIC ACID R	864.000	011692	324.000
38175	511	3.000	HYDROGEN PEROXIDE 50%	1619.119	110592	1619.145
38180	511	36.000	HYDROCHLORIC ACID PC	5220.000	031392	2610.000
38200	511	5.000	HYDROGEN PEROXIDE 35%	2500.000	020792	2250.000
38205	511	11.000	HYFLO SUPER CELL	550.000	021392	375.000
38265	511	2.000	LEAD FLUOBORATE DIR	420.000	101692	630.000
38275	511	12.000	LIQUID NICKEL SULFATE	647.518	020592	647.520
38275	511	4.000	LIQUID NICKEL SULFATE	2374.231	012992	1780.680
38361	511	19.000	NITRIC ACID 42%	3135.000	021292	1237.500
38400	511	8.000	OXALIC ACID	440.000	051192	165.000
38430	511	14.000	SCRUB CLEANER 7	350.000	042492	450.000
38430	511	29.000	SCRUB CLEANER 7	5800.000	090392	4500.000
38450	511	3.000	99.9 FOOD GRADE SALTS	150.000	121492	225.000
38450	511	2.000	99.9 FOOD GRADE SALTS	160.000	072192	240.000
38451	511	95.000	SODIUM CARBONATE MONOHYDRATE	9500.000	041092	3600.000
38470	511	136.000	SULFURIC ACID TECH	30600.000	072292	7425.000
38470	511	37.000	SULFURIC ACID TECH	27750.000	082692	11250.000
38473	511	145.000	SULFURIC ACID PC	32625.000	022592	9112.500
38473	511	16.000	SULFURIC ACID PC	12000.000	020592	11250.000
38495	511	22.000	STANNOUS TIN FLUOBORATE DIR	4290.000	040792	2925.000
40017	511	850.000	ACETALDEHYDE 40% SOLUTION	850.000	112592	1275.000
40120	511	300.000	ACID CITRIC	300.000	121692	181.500
40180	511	27600.000	ACID FLUOBORIC 48%	27600.000	101992	6399.000
40203	511	1250.000	ACID HYDROBROMIC 49%	1250.000	021292	1220.520
40220	511	1900.000	ACID HYDROCHLORIC REAGENT GRAD	1900.000	110392	1805.744
40265	511	2576.700	ACID HYPOPHOSPHORUS 50%	2576.700	012392	2291.436
40281	511	44208.000	HYDROCHLORIC ACID 22	44208.000	041092	8100.005
40442	511	715.000	SULFURIC ACID T 41.5 BE 50%	8348.340	061892	3397.716
40452	511	6897.000	ACID SULFURIC PC	6897.000	112392	6489.600
40460	511	600.000	ACID TARTARIC GRANULAR	600.000	041592	436.028
40860	511	10500.000	AMMONIUM BIFLUORIDE	10500.000	101692	3408.000
40880	511	1500.000	AMMONIUM CHLORIDE	1500.000	021292	1802.721
41260	511	1590.000	DOWFAX 2 A 1 45 PC	1590.000	021292	1010.640
41280	511	2200.000	BENZOTRIAZOLE COMMERCIAL	2200.000	040892	1255.134
41440	511	58783.000	BUTYL CELLOSOLVE	58783.000	071592	15083.012
41462	511	12854.000	BUTYL CARBITOL	12854.000	022592	5590.650
41538	511	2754.000	CARBITOL ACETATE	2754.000	070992	1377.000

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ROBERT PURVES INSURANCE



August 20, 1997

McDermid Incorporated
245 Freight Street
Waterbury, CT 06702

Attn: Cherie D. Gillis
Compliance Administrator

Dear Sirs:

Re: Laidlaw Environmental Services (Quebec) Ltd./
Services Environnementaux Laidlaw (Quebec) Ltée.

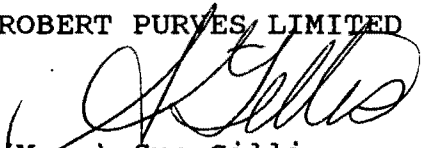
We hereby enclose renewal Certificates of Insurance on behalf of Laidlaw Environmental confirming liability insurance coverage as required.

Should you no longer have a contract with Laidlaw Environmental and these Certificates are not required kindly return them to our office, noted accordingly, that you may be deleted from our records.

We trust this shall be found in order. If you have any questions please do not hesitate to call.

Yours very truly,

ROBERT PURVES LIMITED


(Mrs.) Sue Gillis

/sg
encl.

CERTIFICATE OF INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW.

Name and Address of Insured

Certificate Holder

Laidlaw Environmental
Services (Quebec) Ltd./
Services Environnementaux
Laidlaw (Quebec) Ltee
7305 Marie Victorin boul.
Brossard, Quebec J4W 1A6

McDermid Incorporated
245 Freight Street
Waterbury, CT 06702

Attn: Cherie D. Gillis
Compliance Administrator

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE AND ARE IN FORCE AT THIS TIME. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS AND CONDITIONS OF SUCH POLICIES.

Type of Insurance	Company and Policy Number	Expiry Date	Combined Bodily Injury & Property Damage
General Liability	London Guarantee Insurance Company LRF970104	Aug. 31/98	\$2,000,000. incl.
Automobile Liability	Lloyd's Non Marine Underwriters C297047	Aug. 31/98	\$2,000,000. incl.

Incl.: damage to environment related to transporting hazardous waste

Description of Operations: All operations and locations of the insured and All Commercial Vehicles owned by or operated on behalf of the named insured.

Cancellation: Should any of the above described policies be changed or cancelled before the expiration date thereof, the issuing company will mail thirty (30) days written notice to the above named certificate holder.

Broker: Robert Purves Limited
390 Bay St., Ste. 2701
Toronto, Ontario M5H 2Y2

Date: August 20, 1997

Authorized Representative: ROBERT PURVES LIMITED

Per



E N D O R S E M E N T

NAME OF COMPANY: LLOYD'S NON MARINE UNDERWRITERS/LONDON
GUARANTEE INSURANCE COMPANY

POLICY NO.: C297047 and LRF970104

BROKER: ROBERT PURVES LIMITED
390 BAY STREET, STE. 2701
TORONTO, ONTARIO
M5H 2Y2

NAME OF INSURED: Laidlaw Environmental Services (Quebec) Ltd./
Services Environnementaux Laidlaw (Quebec) Ltee.
7305 Marie Victorin Blvd.
Brossard, Quebec J4W 1A6

EFFECTIVE DATE OF ENDORSEMENT: August 31, 1997

IT IS UNDERSTOOD AND AGREED THAT:

MCDERMID INCORPORATED

IS AN ADDITIONAL INSURED BUT ONLY WITH RESPECT TO THEIR
CONTRACT WITH THE ASSURED.

THIS POLICY SHALL PROTECT EACH NAMED INSURED IN THE SAME MANNER
AND TO THE SAME EXTENT AS IF A SEPARATE POLICY HAD BEEN ISSUED TO
EACH.

HOWEVER, THE INCLUSION HEREIN OF MORE THAN ONE INSURED SHALL NOT
OPERATE TO INCREASE THE LIMIT OF THE INSURER'S LIABILITY AS SET
FORTH IN THIS POLICY BEYOND THE LIMIT FOR WHICH THE INSURER WOULD
BE LIABLE HAD THERE BEEN ONLY ONE NAMED INSURED.

EXCEPT AS OTHERWISE PROVIDED IN THIS ENDORSEMENT ALL TERMS,
PROVISIONS, AND CONDITIONS OF THIS POLICY SHALL HAVE FULL FORCE
AND EFFECT.

DATED: August 20, 1997

SIGNED BY:

AUTHORIZED REPRESENTATIVE

ROBERT PURVES LIMITED

Per 

CERTIFICATE OF INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW.

Name and Address of Insured

Laidlaw Environmental
Services (Quebec) Ltd.
7305 Marie Victorin Boul.
Brossard, Quebec
J4W 1A6

Certificate Holder

MacDermid Incorporated
245 Freight Street
Waterbury, CT
06702

Attn: Cherrie D. Gillis
Compliance Administrator

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE AND ARE IN FORCE AT THIS TIME. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS AND CONDITIONS OF SUCH POLICIES.

Type of Insurance	Company and Policy Number	Expiry Date	Limits of Liability
Pollution Legal Liability (Claims Made Basis) Liability	London Guarantee Insurance Company No LRF970103	Aug. 31/98	\$5,000,000. Each Occurrence \$10,000,000. Policy Aggregate Limit

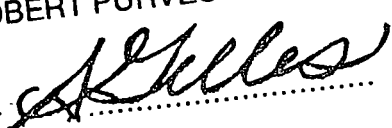
Scope of Coverage: All operations and locations of the above named insured including all premises owned, operated or controlled by insured.

Cancellation: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will mail thirty (30) days written notice to the above named certificate holder.

Broker: Robert Purves Limited
390 Bay St., Ste. 2701
Toronto, Ontario
M5H 2Y2

Date: August 20, 1997

Authorized Representative:

ROBERT PURVES LIMITED
Per 

E N D O R S E M E N T

NAME OF COMPANY: LONDON GUARANTEE INSURANCE COMPANY

POLICY NO.: LRF970103

BROKER: ROBERT PURVES LIMITED
390 BAY STREET, STE. 2701
TORONTO, ONTARIO
M5H 2Y2

NAME OF INSURED: Laidlaw Environmental Services (Quebec) Ltd.
7305 Marie Victorin Boul.
Brossard, Quebec J4W 1A6

EFFECTIVE DATE OF ENDORSEMENT: AUGUST 31, 1997

IT IS UNDERSTOOD AND AGREED THAT:

MacDermid Incorporated

IS AN ADDITIONAL NAMED INSURED BUT ONLY WITH RESPECT TO THEIR
CONTRACT WITH THE ASSURED.

THIS POLICY SHALL PROTECT EACH NAMED INSURED IN THE SAME MANNER
AND TO THE SAME EXTENT AS IF A SEPARATE POLICY HAD BEEN ISSUED TO
EACH.

HOWEVER, THE INCLUSION HEREIN OF MORE THAN ONE INSURED SHALL NOT
OPERATE TO INCREASE THE LIMIT OF THE INSURER'S LIABILITY AS SET
FORTH IN THIS POLICY BEYOND THE LIMIT FOR WHICH THE INSURER WOULD
BE LIABLE HAD THERE BEEN ONLY ONE NAMED INSURED.

EXCEPT AS OTHERWISE PROVIDED IN THIS ENDORSEMENT ALL TERMS,
PROVISIONS, AND CONDITIONS OF THIS POLICY SHALL HAVE FULL FORCE
AND EFFECT.

DATED: August 20, 1997

ROBERT PURVES LIMITED

SIGNED BY:

AUTHORIZED REPRESENTATIVE

October 18, 1996

Ms. Cherrie Gillis
MacDermid, Inc.
245 Freight Street
Waterbury, CT 06702

RE: Requote for Photo Chemical Systems

Dear Ms. Gillis:

Laidlaw Environmental Services (TS), Inc. is pleased to submit for your consideration the following estimated cost proposal. Laidlaw will provide qualified chemists and materials to properly manifest, transport and dispose of your waste at EPA and Laidlaw approved facilities. Laidlaw Environmental has the appropriate permits and will accept the material quoted herein at the charges specified pending the materials are received as described below.

<u>DESCRIPTION</u>	<u>PROFILE</u>	<u>QTY</u>	<u>UM</u>	<u>PRICE</u>	<u>EXT. PRICE</u>
<u>Disposal:</u> Surfactants/Cleansers	CWPCQ-001	2	5	\$100.00	\$200.00
XD-7194-T	CWPCQ-002	1	5	\$125.00	\$125.00
<u>Transportation:</u>		3		\$ 11.66	\$ 34.98
<u>FL State Haz. Waste Disposal Tax:</u>					\$ 3.75
<u>Estimated Total:</u>					<u>\$363.73</u>

If you have any questions, please feel free to contact me at (800) 699-8916. Thank you for considering Laidlaw to help manage your hazardous disposal needs. We look forward to working with you in the very near future.

Sincerely,



Tina Kendall
Customer Service Chemist

cc: Jeffery Birkeland, Technical Sales Representative

PCQ43485.TMK



October 1, 1996

Gregory J Strong
Macdermid, Inc.,
245 Freight Street
Waterbury, CT 06702-

Re: Profile Recertification for attached soon-to-expire Profiles

Dear Generator:

Laidlaw Environmental Services, Southwest's permit requires that material profiles be recertified annually. Our records show that the referenced profile will be expiring in the near future.

If you are currently generating, or will continue to generate this waste stream in the future, we will need a current approved profile on file. If this stream has changed please fill out a new Laidlaw Profile Sheet. If this stream has not changed, please complete the attached Recertification Letter.

You will also find your current Generator's information on the top of the form. Please review this information and make any corrections or additions as necessary.

Upon receipt of either the Recertification form or a new Profile, we will promptly update your waste stream information.

Thank you for your prompt assistance to this matter. If you have any questions, please do not hesitate to contact your Customer Service Representative at (602) 258-6155.

Sincerely,

Laidlaw Environmental Services, Southwest
Carl J Latoski, Recertification Clerk



Profile Recertification Form

Profile Number: UPMAC-0003
Waste Name: NIKLAD 776-78031
EPA ID Number: CAD010707222

Pick Up Address

Macdermid, Inc.
5439 San Fernando Rd. West,
Los Angeles, CA 90039-
Attention Delores Ferrel Or Ken Krammer
Phone:(818) 240-2904
Fax:(818) 240-4873

Mailing Address

Macdermid, Inc.
245 Freight Street,
Waterbury, CT 06702-
Attention: Gregory J Strong
Phone:(203) 575-7947

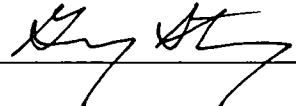
	YES	NO
1. Do you wish to recertify this waste stream?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Has the process generating the waste changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Have any constituents been added, removed or their concentrations changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Have any of the physical characteristics changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Has the container size, type or quantity changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you do not wish to recertify this wastestream please answer "NO" to question 1 and return this sheet to Laidlaw so that we can update our records.

If you have answered "YES" to questions 2, 3 or 4, please fill out a new profile sheet for this waste stream. Changes in these areas may necessitate re-evaluation of your waste stream.

I hereby certify that the above and any attached information is complete and accurate to the best of my knowledge, that no deliberate or willful omissions of composition or properties exist, and that all suspected hazards have been disclosed. I also certify that the materials tested are representative of all material described by the aforementioned profile.

Generator's

Authorized Signature:  Date: 10/14/96



Profile Recertification Form

Profile Number: UPMAC-0004
Waste Name: NIKLAD 796A 78055
EPA ID Number: CAD010707222

Pick Up Address

Macdermid, Inc.
5439 San Fernando Rd. West,
Los Angeles, CA 90039-
Attention Delores Ferrel Or Ken Krammer
Phone: (818) 240-2904
Fax: (818) 240-4873

Mailing Address

Macdermid, Inc.
245 Freight Street,
Waterbury, CT 06702-
Attention: Gregory J Strong
Phone: (203) 575-7947

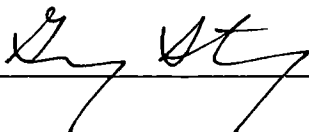
	YES	NO
1. Do you wish to recertify this waste stream?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Has the process generating the waste changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Have any constituents been added, removed or their concentrations changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Have any of the physical characteristics changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Has the container size, type or quantity changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you do not wish to recertify this wastestream please answer "NO" to question 1 and return this sheet to Laidlaw so that we can update our records.

If you have answered "YES" to questions 2, 3 or 4, please fill out a new profile sheet for this waste stream. Changes in these areas may necessitate re-evaluation of your waste stream.

I hereby certify that the above and any attached information is complete and accurate to the best of my knowledge, that no deliberate or willful omissions of composition or properties exist, and that all suspected hazards have been disclosed. I also certify that the materials tested are representative of all material described by the aforementioned profile.

Generator's

Authorized Signature:  Date: 10/14/96



Profile Recertification Form

Profile Number: UPMAC-0005
Waste Name: NIKLAD 4002A 78070
EPA ID Number: CAD010707222

Pick Up Address

Macdermid, Inc.
5439 San Fernando Rd. West,
Los Angeles, CA 90039-
Attention Delores Ferrel Or Ken Krammer
Phone: (818) 240-2904
Fax: (818) 240-4873

Mailing Address

Macdermid, Inc.
245 Freight Street,
Waterbury, CT 06702-
Attention: Gregory J Strong
Phone: (203) 575-7947


	YES	NO
1. Do you wish to recertify this waste stream?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Has the process generating the waste changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Have any constituents been added, removed or their concentrations changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Have any of the physical characteristics changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Has the container size, type or quantity changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you do not wish to recertify this wastestream please answer "NO" to question 1 and return this sheet to Laidlaw so that we can update our records.

If you have answered "YES" to questions 2, 3 or 4, please fill out a new profile sheet for this waste stream. Changes in these areas may necessitate re-evaluation of your waste stream.

I hereby certify that the above and any attached information is complete and accurate to the best of my knowledge, that no deliberate or willful omissions of composition or properties exist, and that all suspected hazards have been disclosed. I also certify that the materials tested are representative of all material described by the aforementioned profile.

Generator's

Authorized Signature:  Date: 10/14/96



Profile Recertification Form

Profile Number: UPMAC-0007
Waste Name: NIKLAD 797A - 78043
EPA ID Number: CAD010707222

Pick Up Address

Macdermid, Inc.
5439 San Fernando Rd. West,
Los Angeles, CA 90039-
Attention Delores Ferrel Or Ken Krammer
Phone:(818) 240-2904
Fax:(818) 240-4873

Mailing Address

Macdermid, Inc.
245 Freight Street,
Waterbury, CT 06702-
Attention: Gregory J Strong
Phone:(203) 575-7947

	YES	NO
1. Do you wish to recertify this waste stream?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Has the process generating the waste changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Have any constituents been added, removed or their concentrations changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Have any of the physical characteristics changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Has the container size, type or quantity changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you do not wish to recertify this wastestream please answer "NO" to question 1 and return this sheet to Laidlaw so that we can update our records.

If you have answered "YES" to questions 2, 3 or 4, please fill out a new profile sheet for this waste stream. Changes in these areas may necessitate re-evaluation of your waste stream.

I hereby certify that the above and any attached information is complete and accurate to the best of my knowledge, that no deliberate or willful omissions of composition or properties exist, and that all suspected hazards have been disclosed. I also certify that the materials tested are representative of all material described by the aforementioned profile.

Generator's

Authorized Signature: _____

Date: 10/14/96



Profile Recertification Form

Profile Number: UPMAC-0008
Waste Name: BARRETT SNAC 13409
EPA ID Number: CAD010707222

Pick Up Address

Macdermid, Inc.
5439 San Fernando Rd. West,
Los Angeles, CA 90039-
Attention Delores Ferrel Or Ken Krammer
Phone:(818) 240-2904
Fax:(818) 240-4873

Mailing Address

Macdermid, Inc.
245 Freight Street,
Waterbury, CT 06702-
Attention: Gregory J Strong
Phone:(203) 575-7947


	YES	NO
1. Do you wish to recertify this waste stream?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Has the process generating the waste changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Have any constituents been added, removed or their concentrations changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Have any of the physical characteristics changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Has the container size, type or quantity changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you do not wish to recertify this wastestream please answer "NO" to question 1 and return this sheet to Laidlaw so that we can update our records.

If you have answered "YES" to questions 2, 3 or 4, please fill out a new profile sheet for this waste stream. Changes in these areas may necessitate re-evaluation of your waste stream.

I hereby certify that the above and any attached information is complete and accurate to the best of my knowledge, that no deliberate or willful omissions of composition or properties exist, and that all suspected hazards have been disclosed. I also certify that the materials tested are representative of all material described by the aforementioned profile.

Generator's

Authorized Signature:  Date: 10/14/96



Profile Recertification Form

Profile Number: UPMAC-0009
Waste Name: FORMULA 555 (10719)
EPA ID Number: CAD010707222

Pick Up Address

Macdermid, Inc.
5439 San Fernando Rd. West,
Los Angeles, CA 90039-
Attention Delores Ferrel Or Ken Krammer
Phone: (818) 240-2904
Fax: (818) 240-4873

Mailing Address

Macdermid, Inc.
245 Freight Street,
Waterbury, CT 06702-
Attention: Gregory J Strong
Phone: (203) 575-7947


	YES	NO
1. Do you wish to recertify this waste stream?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Has the process generating the waste changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Have any constituents been added, removed or their concentrations changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Have any of the physical characteristics changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Has the container size, type or quantity changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you do not wish to recertify this wastestream please answer "NO" to question 1 and return this sheet to Laidlaw so that we can update our records.

If you have answered "YES" to questions 2, 3 or 4, please fill out a new profile sheet for this waste stream. Changes in these areas may necessitate re-evaluation of your waste stream.

I hereby certify that the above and any attached information is complete and accurate to the best of my knowledge, that no deliberate or willful omissions of composition or properties exist, and that all suspected hazards have been disclosed. I also certify that the materials tested are representative of all material described by the aforementioned profile.

Generator's

Authorized Signature:  Date: 10/14/96



Profile Recertification Form

Profile Number: UPMAC-0010
Waste Name: SPRAY WHITE 10711
EPA ID Number: CAD010707222

Pick Up Address

Macdermid, Inc.
5439 San Fernando Rd. West,
Los Angeles, CA 90039-
Attention Delores Ferrel Or Ken Krammer
Phone:(818) 240-2904
Fax:(818) 240-4873

Mailing Address

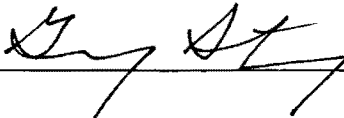
Macdermid, Inc.
245 Freight Street,
Waterbury, CT 06702-
Attention: Gregory J Strong
Phone:(203) 575-7947

- | | YES | NO |
|---|-------------------------------------|-------------------------------------|
| 1. Do you wish to recertify this waste stream? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the process generating the waste changed? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Have any constituents been added, removed or their concentrations changed? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Have any of the physical characteristics changed? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Has the container size, type or quantity changed? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If you do not wish to recertify this wastestream please answer "NO" to question 1 and return this sheet to Laidlaw so that we can update our records.

If you have answered "YES" to questions 2, 3 or 4, please fill out a new profile sheet for this waste stream. Changes in these areas may necessitate re-evaluation of your waste stream.

I hereby certify that the above and any attached information is complete and accurate to the best of my knowledge, that no deliberate or willful omissions of composition or properties exist, and that all suspected hazards have been disclosed. I also certify that the materials tested are representative of all material described by the aforementioned profile.

Generator's
Authorized Signature:  Date: 10/14/96



Profile Recertification Form

Profile Number: UPMAC-0011
Waste Name: NIKLAD 719 B/C (78015)
EPA ID Number: CAD010707222

Pick Up Address

Macdermid, Inc.
5439 San Fernando Rd. West,
Los Angeles, CA 90039-
Attention Delores Ferrel Or Ken Krammer
Phone:(818) 240-2904
Fax:(818) 240-4873

Mailing Address


Macdermid, Inc.
245 Freight Street,
Waterbury, CT 06702-
Attention: Gregory J Strong
Phone:(203) 575-7947

	YES	NO
1. Do you wish to recertify this waste stream?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Has the process generating the waste changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Have any constituents been added, removed or their concentrations changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Have any of the physical characteristics changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Has the container size, type or quantity changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you do not wish to recertify this wastestream please answer "NO" to question 1 and return this sheet to Laidlaw so that we can update our records.

If you have answered "YES" to questions 2, 3 or 4, please fill out a new profile sheet for this waste stream. Changes in these areas may necessitate re-evaluation of your waste stream.

I hereby certify that the above and any attached information is complete and accurate to the best of my knowledge, that no deliberate or willful omissions of composition or properties exist, and that all suspected hazards have been disclosed. I also certify that the materials tested are representative of all material described by the aforementioned profile.

Generator's
Authorized Signature:  Date: 10/14/96



Profile Recertification Form

Profile Number: UPMAC-0022
Waste Name: IRIDITE 12L-4 78636
EPA ID Number: CAD010707222

Pick Up Address

Macdermid, Inc.
5439 San Fernando Rd. West,
Los Angeles, CA 90039-
Attention Delores Ferrel Or Ken Krammer
Phone:(818) 240-2904
Fax:(818) 240-4873

Mailing Address

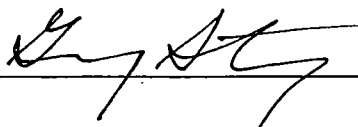
Macdermid, Inc.
245 Freight Street,
Waterbury, CT 06702-
Attention: Gregory J Strong
Phone:(203) 575-7947

	YES	NO
1. Do you wish to recertify this waste stream?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Has the process generating the waste changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Have any constituents been added, removed or their concentrations changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Have any of the physical characteristics changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Has the container size, type or quantity changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you do not wish to recertify this wastestream please answer "NO" to question 1 and return this sheet to Laidlaw so that we can update our records.

If you have answered "YES" to questions 2, 3 or 4, please fill out a new profile sheet for this waste stream. Changes in these areas may necessitate re-evaluation of your waste stream.

I hereby certify that the above and any attached information is complete and accurate to the best of my knowledge, that no deliberate or willful omissions of composition or properties exist, and that all suspected hazards have been disclosed. I also certify that the materials tested are representative of all material described by the aforementioned profile.

Generator's
Authorized Signature:  Date: 10/14/96



Profile Recertification Form

Profile Number: UPMAC-0026
Waste Name: ARP-35 18342
EPA ID Number: CAD010707222

Pick Up Address

Macdermid, Inc.
5439 San Fernando Rd. West,
Los Angeles, CA 90039-
Attention Delores Ferrel Or Ken Krammer
Phone:(818) 240-2904
Fax:(818) 240-4873

Mailing Address

Macdermid, Inc.
245 Freight Street,
Waterbury, CT 06702-
Attention: Gregory J Strong
Phone:(203) 575-7947

	YES	NO
1. Do you wish to recertify this waste stream?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Has the process generating the waste changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Have any constituents been added, removed or their concentrations changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Have any of the physical characteristics changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Has the container size, type or quantity changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you do not wish to recertify this wastestream please answer "NO" to question 1 and return this sheet to Laidlaw so that we can update our records.

If you have answered "YES" to questions 2, 3 or 4, please fill out a new profile sheet for this waste stream. Changes in these areas may necessitate re-evaluation of your waste stream.

I hereby certify that the above and any attached information is complete and accurate to the best of my knowledge, that no deliberate or willful omissions of composition or properties exist; and that all suspected hazards have been disclosed. I also certify that the materials tested are representative of all material described by the aforementioned profile.

Generator's

Authorized Signature: _____

Date: _____

10/19/96



Profile Recertification Form

Profile Number: UPMAC-0033
Waste Name: MACU DEP CU 840-B (19556)
EPA ID Number: CAD010707222

Pick Up Address

Macdermid, Inc.
5439 San Fernando Rd. West,
Los Angeles, CA 90039-
Attention Delores Ferrel Or Ken Krammer
Phone: (818) 240-2904
Fax: (818) 240-4873

Mailing Address

Macdermid, Inc.
245 Freight Street,
Waterbury, CT 06702-
Attention: Gregory J Strong
Phone: (203) 575-7947

	YES	NO
1. Do you wish to recertify this waste stream?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Has the process generating the waste changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Have any constituents been added, removed or their concentrations changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Have any of the physical characteristics changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Has the container size, type or quantity changed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you do not wish to recertify this wastestream please answer "NO" to question 1 and return this sheet to Laidlaw so that we can update our records.

If you have answered "YES" to questions 2, 3 or 4, please fill out a new profile sheet for this waste stream. Changes in these areas may necessitate re-evaluation of your waste stream.

I hereby certify that the above and any attached information is complete and accurate to the best of my knowledge, that no deliberate or willful omissions of composition or properties exist, and that all suspected hazards have been disclosed. I also certify that the materials tested are representative of all material described by the aforementioned profile.

Generator's

Authorized Signature: _____

Date: _____

10/14/96

L A I D L A W ENVIRONMENTAL SERVICES

FAX COVER SHEET

TO: Greg Strong

COMPANY: _____

FAX NUMBER: _____

FROM: Stacy VanGorder

FAX REPLY TO: 909-946-4933

PAGE 1 OF 4

Laidlaw
Phone: 909
983
0342

Quote at last!

If pages are missing or illegible please call 909-983-0342

Laidlaw Environmental Services of California, Inc.
1369 West Ninth Street
Upland, CA 91786

Ts-12 Tin Stripper (79210)	PC	UPMAC-0084	195.00	5981-20000	55G Drum
M-79224 (79224)	PC	UPMAC-0085	195.00	" "	55G Drum
Keseal Plus (14439)	IP	UPMAC-0086	95.00	5981-10000	5G Drum
Cold Stripper 59 (14022)	IP	UPMAC-0087	180.00	" "	15G Drum
Restin Pc (13351)	PC	UPMAC-0088	50.00	5981-20000	5G Drum
Macuprep 97b Oxidant (12493)	PC	UPMAC-0089	250.00	" "	5G Drum
M-copper 85g (12444)	PC	UPMAC-0090	50.00	" "	5G Drum
M-copper 85c (12442)	PC	UPMAC-0091	50.00	" "	5G Drum
Conditioner 90c (19019)	PC	UPMAC-0092	50.00	" "	5G Drum
Macu Prep Etch G-4 (19257)	PC	UPMAC-0093	350.00	" "	Bag
Macudep Cu 460 A (19545)	PC	UPMAC-0094	50.00	" "	5G Drum
Pc 401-m Green (75176)	IMAGING	UPMAC-0095	350.00	5981-30000	55G Drum
Pc 501 Green (75174) (labpack)	IMAGING	UPMAC-0096	100.00	" "	5G Drum
Macu Spec 9241 Acid Copper (19241)	PC	UPMAC-0097	50.00	5981-20000	5G Drum
Cumac Barrel Starter (18715)	IP	UPMAC-0098	50.00	5981-10000	5G Drum
Elnic 104 A (10833)	IP	UPMAC-0099	195.00	" "	55G Drum
Macuprep Pic Etch 170 (19525)	PC	UPMAC-0100	115.00	5981-20000	5G Drum
Macu Prep 932 Predip (19015)	PC	UPMAC-0101	50.00	" "	5G Drum
Macumask 6000 Pt B (77206)	IMAGING	UPMAC-0102	150.00	5981-30000	15G Drum
Macu Prep Etch G-6 (19024) Starter	PC	UPMAC-0103	50.00	5981-20000	5G Drum
Metex Solder Cond. 9233 (19233)	PC	UPMAC-0104	50.00	" "	5G Drum
Nimac-8158 (18158)	IP	UPMAC-0105	50.00	5981-10000	5G Drum
Circu-etch 8g Replenisher (19189)	PC	UPMAC-0106	165.00	5981-20000	55G Drum

Circu-etch 8g Replenisher (19189)	PC	UPMAC-0106	50.00	5981-20000	5G Drum
Isoprep 55 (70202)	IP	UPMAC-0107	120.00	5981-10000	Bag
Niklad 755m (78042)	IP	UPMAC-0108	50.00	" "	5G Drum
Niklad 726h (78056)	IP	UPMAC-0109	50.00	" "	5G Drum
Omnibond F (79273)	PC	UPMAC-0110	100.00	5981-20000	5G Drum
Iridite 1b-od (78643)	IP	UPMAC-0112	295.00	5981-10000	55G Drum
Solder Strip 709 (75029)	PC	UPMAC-0113	850.00	5981-20000	55G Drum
Amat B (17840)	IP	UPMAC-0114	100.00	5981-10000	5G Drum
Elnic 104/105b (10834/10835)	IP	UPMAC-0115	180.00	" "	55G Drum
Elnic 104/105b (10834/10835)	IP	UPMAC-0115	50.00	" "	5G Drum

Transportation

5G Drum	\$13.00 each
6-30G Drum	\$20.00 each
31-55G Drum	\$25.00 each
Bags, < = 250#	\$20.00 each
Bags, > 250#	\$40.00 each

You listed product numbers 17840, 77206, 75174, 75176, and 75054 as being 1 gallon or smaller containers. The price listed includes labor, packing material, drums and all appropriate labels and markings. In actuality, we will probably be able to fit numbers 77206, 75175, 75176 and 17840 containers into one drum for \$350.00 for a 55 gallon drum. The 75054 will have to go in a separate drum at the \$100/5 G price.

Your profiles have been completed and are ready to be picked up. There is no charge for this service. As usual we will have Max Cohen sign the profiles at the time of pick up. Thank you again for the opportunity to work with MacDermid, Inc. If you have any questions or require additional information, please do not hesitate to contact us. Please call me at (909)983-0342.

Sincerely,
Laidlaw Environmental Services of California, Inc.

Stacey M. Van Gorder
Regional Customer Service Manager



June 10, 1996

Gregory Strong
Mac Dermid, Inc.
245 Freight Street
Waterbury, CT 06702

Dear Mr. Strong:

Thank you for your continued business. Laidlaw Environmental Services of California, Inc. (Laidlaw) is pleased to submit for consideration the following proposal. Our technical management staff, consisting of degreed field chemists and technical support staff, is eager to assist you with any of your waste management needs.

Disposal pricing for your streams are listed below. All prices unless otherwise stated are for disposal only of the specified container size. An additional disposal charge will be assessed on all overpacked drums, biphasic waste, and sludge exceeding 4 inches in a liquid stream. This letter is to acknowledge that Laidlaw Environmental Services, Southwest, has the appropriate permits for, and will accept this waste. Should this waste stream change in such a manner as to materially change the handling characteristics of your waste, a new profile sheet should be submitted.

A profile number has been assigned to each stream. Please reference this number when scheduling a pickup. This profile number expires one year from the profile signature date. The generator will be notified prior to expiration date that the waste must be recertified prior to shipment.

<u>WASTE NAME</u>		<u>PROFILE NO.</u>	<u>PRICE</u>	<u>SIZE</u>
Isobrite 345 (18322)	IP	UPMAC-0075	50.00 5981-10000	5G Drum
Me-1010 Immersion Tin (75054)	PC	UPMAC-0076	50.00 5981-20000	5G Drum
Me-1010 Immersion Tin (75054) (1G)	PC	UPMAC-0076	100.00 " "	5G Drum
Irilac 1015 (15857)	IP	UPMAC-0077	50.00 5981-10000	5G Drum
Metex Defoamer 5835 (15835)	IP	UPMAC-0078	50.00 " "	5G Drum
Isoprep 201 (15047)	IP	UPMAC-0079	160.00 " "	15G Drum
Planar Electro. Nickel Pt B(76992)	PC	UPMAC-0080	50.00 5981-20000	5G Drum
Niklad 1000a (78058)	IP	UPMAC-0081	50.00 5981-10000	5G Drum
Iridite 121 3s (78635)	IP	UPMAC-0082	100.00 " "	15G Drum
Iridite 6-2c (78648)	IP	UPMAC-0083	100.00 " "	15G Drum

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No C1AD10110171017122221218318		Manifest Document No 2		2 Page 1 of 2		Information in the shaded areas is not required by Federal law					
3. Generator's Name and Mailing Address MACDERMID, INC. 245 FREIGHT STREET WATERBURY, CT 06702				A. State Manifest Document Number 95199233							
4. Generator's Phone (313) 240-2924				B. State Generator's ID 1H1A1H01361015131510							
5. Transporter 1 Company Name LAIDLAW ENV. SERV. OF CA (UPK)				C. State Transporter's ID 01010101811121							
6. US EPA ID Number 1A21010491311810109				D. Transporter's Phone (909) 983-0342							
7. Transporter 2 Company Name JB Hunt Special Comm. Inc				E. State Transporter's ID 800-821-7630							
8. US EPA ID Number 1A21010491311810109				F. Transporter's Phone (602) 253-6155							
9. Designated Facility Name and Site Address LAIDLAW ENV SERV SOUTHWEST 1340 W LINCOLN STREET PHOENIX AZ 85007				G. State Facility's ID 01010101811121							
10. US EPA ID Number 1A21010491311810109				H. Facility's Phone (602) 253-6155							
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste Number State EPA/Other	
a. NON-RCRA HAZARDOUS WASTE LIQUID (CLEANING COMPOUND)				0116 DIF		010101010		G		343 NR	
b. WASTE CAUSTIC ALKALI LIQUIDS, N.O.S., 8, UN1719, PG II (LAB PACK)				0102 DIM		010101010		P		132123 0002	
c. WASTE FLAMMABLE LIQUIDS, CORROSIVE, N.O.S., 3, UN2924, PG II (LAB PACK)				0101 DIF		010101010		P		331 0001 0002	
d. NON-RCRA HAZARDOUS WASTE LIQUID (LAB PACK)				0110 DIF		010101010		P		343 NR	
J. Additional Descriptions for Materials Listed Above 11a) 16 X 55 DR # UPMAC-105 THRU 120 } App # UPMAC-0045 11b) 2 X 55 DR # UPMAC-121-122 - App # UPMAC-UP 11c) 1 X 14 DR # UPMAC-123 - App # UPMAC-UP 11d) 10 X 55 DR # UPMAC-124 THRU 133 App # UPMAC-UP				K. Handling Codes for Wastes Listed Above a. 14(15) b. 14(15) c. 14(07) d. 14(07)							
15. Special Handling Instructions and Additional Information NEAR PROPER SAFETY EQUIPMENT EMERGENCY CONTACT: (310) 518-4700				SWD1 22858 SITE: MACDERMID INC. 5439 SAN FERNANDO RD WEST LOS ANGELES CA 90039							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.											
Printed/Typed Name H. VAN DER WEE				Signature 				Month Day Year 06/28/96			
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Jack R. Castro				Signature Jack R. Castro				Month Day Year 06/28/96			
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name James Ferguson				Signature James Ferguson				Month Day Year 07/08/96			
19. Discrepancy Indication Space											
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Daniel Czachulinski				Signature 				Month Day Year 07/09/96			

DO NOT WRITE BELOW THIS LINE.

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator's US EPA ID No.		Manifest Document No.		22 Page		Information in the shaded areas is not required by Federal law.					
		CADD010707222		22838		242							
23. Generator's Name MACDERMID INC.						L. State Manifest Document Number 95199233							
						M. State Generator's ID HA1036053550							
24 Transporter Company Name				25 US EPA ID Number		N. State Transporter's ID							
26 Transporter Company Name				27 US EPA ID Number		O. Transporter's Phone							
						P. State Transporter's ID							
						Q. Transporter's Phone							
28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						29. Containers		30. Total Quantity		31. Unit Wt/Vol		R. Waste No.	
						No. Type							
a. <input checked="" type="checkbox"/> WASTE SODIUM HYDROXIDE SOLUTION 5, UN1324, PG II						0003 DE		020150		G		103	
b. <input checked="" type="checkbox"/> NITROGEN HAZARDOUS WASTE LIQUID (PLATING ADDITIVE)						0003 DE		020150		G		134	
c.													
d.													
e.													
f.													
g.													
h.													
i.													
S. Additional Descriptions for Materials Listed Above 28a) 3X55DF #UPMAC-134 THRU 136 App#UPMAC-0121 28b) 3X55DF #UPMAC-137 THRU 139 App#UPMAC-0119						T. Handling Codes for Wastes Listed Above A) 14(15) B) 14(07)							
32. Special Handling Instructions and Additional Information SEE BOX # 15													
33. Transporter Acknowledgement of Receipt of Materials Printed/Typed Name Signature										Date Month Day Year			
34. Transporter Acknowledgement of Receipt of Materials Printed/Typed Name Signature										Date Month Day Year			
35. Discrepancy Indication Space													



CUSTOMER NO.		BILLING ID		SALESPERSON		DATE	
CKUP DATE		CLIENT P.O.		DISP SITE SWO		COUNTY	
CALLING CUSTOMER MACPHERM, INC 525 BUNT WOODEN AVE WATSONVILLE, CA 95070 CHERRY - 11115 (619) 400-0000				PICK-UP CUSTOMER AND ADDRESS MACPHERM, INC 1115 SAN PABLO RD WEST WATSONVILLE, CA 95070 MICHAEL REPPENHAGEN KEN KRAMER			
TRANSPORTATION (04000)		UNIT/PRICE 30/55/3-5	UNIT/PRICE 85	EXTENSION		CHEMIST DRIVER	
0-50 MILES						MATERIALS (04040)	
51-100 MILES						85-G Salvage Drum-New	
101-200 MILES						55-G 17C, 17H, 17E Recon.	
200-500 MILES						55-G 37M - New 140	
500 MILES						30-G 17H - New	
TOTAL						30-G, 20-G Fiber New	
LABOR (04045)		HOURS		PRICE		5-G Pail - 37E, 37A-New, 34-5, 35-50	
Chemist Gino/Rios						Dot Spec. Wooden Box	
Ther Nuke, Sack						Drum Thief	
Project Manager						Disposal Coliawassa	
PROFESSIONAL SERVICES (04035)		QUANTITY		PRICE		Absorbant, Clay, Vermiculite, CornCob - Bag	
SAMPLE ANALYSIS						Drum Pump-Use & Decon.	
WASTE STREAM EVALUATION						4 Mil Liners	
						Reactive Bags	
						Dot-Labels	
						EPA Labels	
						Sample Bottles	
						Protective Gear - Level I white tyndes	
						Protective Gear - Level II black cat	
EQUIPMENT (04065)		QUANTITY		PRICE		Packing Materials 5G	
Aino / 49						Packing Materials 20G	
						Packing Materials 30G, 55G	
						OTHER (04055)	
						QUANTITY	
						PRICE	
DISPOSAL (04060)						Minimum Charge	

PROFILE/LABPACK	DESCRIPTION	QTY.	UM	UNIT PRICE
UPMAC-0075	ISOBRITE 345 (18322) In yard - 0500	1.00	5	1000
UPMAC-0076	ME-1010 IMMERSION TIN on site - 0700	2.00	5	1100
UPMAC-0076	ME-1010 IMMERSION TIN Leave -	1.00	5	
UPMAC-0077	IRILAC 1015 (15857) In yard -	3.00	5	
UPMAC-0078	METEX DEFOAMER 5835 (15835)	1.00	5	
UPMAC-0079	ISOPREP 201 (15047)	1.00	15	
UPMAC-0080	PLANAR ELECTRO. NICKEL PT B(76992)	1.00	5	
UPMAC-0081	NIKAD 1000A (78058) Lab Pack as Directed by client.	2.00	5	
UPMAC-0082	IRIDITE 12L 3S (78635)	1.00	1	
UPMAC-0083	IRIDITE 6-2C (78648)	4.00	1	
UPMAC-0084	TS-12 TIN STRIPPER (79210)	2.00	5	
UPMAC-0085	M-79224 (79224)	1.00	5	
UPMAC-0086	KESEAL PLUS (14439)	6.00	5	
UPMAC-0087	COLD STRIPPER 59 (14022)	2.00	1	
UPMAC-0088	RESTIN PC (13351)	1.00	5	
UPMAC-0089	MACUPREP 97B OXIDANT (12493)	4.00	5	
UPMAC-0090	M-COPPER 85G (12444)	1.00	5	
UPMAC-0091	M-COPPER 85C (12442)	2.00	5	

Remarks: Man # 95851352 3 p/o 139 Items
95199233

Customer Notification And Certification**FORM A**Page 1 of 2Generator Name/Location: MACDERMID INC / Los Angeles CAEPA I.D. Number: CAD010707 222Waste Profile or ARF Designation: UPMAC-0121Manifest Number: 95199 233EPA Waste Number(s): 0002Waste Analysis Available? Yes (attached) ☐ No ☒ On file at receiving facility ☐**Unrestricted Waste Notification (Category 1)**

Mark the statement below if you generate a waste that is not a land disposal restricted waste (the waste has no applicable treatment standards).

- ☐ I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR §268, Subpart D or any applicable prohibitions set forth in 40 CFR §268.32 or RCRA Section 3004(d).

Restricted Waste/Debris Notification (Category 2)

Mark statement (2a) below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards).

NOTE-1: A waste may pass one or more standards and require treatment or be varianced for others. In this case, all applicable categories must be checked. NOTE-2: D001, D002 and D012 - D043 wastes must be evaluated for underlying constituents found in 40 CFR §268.48 (Table UTS), that are reasonably expected to be present. A list of these constituents must be included on FORM B, or attached to and accompany this notification with each waste shipment. Mark statement (2b) if you generate a debris waste that will be treated to the alternate debris standards located in 40 CFR §268.45.

- ☒ (2a) Restricted Waste Notification
I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR §268 Subpart D. The waste: (a) must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; (b) qualifies for a variance as described in category 3 below; or (c) meets some or all of the standards as described in Category 4 below.

- ☐ (2b) Alternate Debris Treatment Notification: This hazardous debris is subject to the alternate treatment standards of 40 CFR §268.45.
The waste contains the following contaminants subject to treatment (check all that apply):
☐ §268.45(b)(1) - Toxicity characteristic debris;
☐ §268.45(b)(2) - Debris contaminated with listed waste;
☐ §268.45(b)(3) - Cyanide reactive debris.

Restricted Waste Variance Notification (Category 3)

Mark the statement below and list the applicable variance date on Form B, if you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR §268.5, a nationwide variance under 40 CFR §268 Subpart C, a no migration petition under 40 CFR §268.6, or other applicable variance).

- ☐ I notify pursuant to 40 CFR §268.7(a)(3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR §268 Subpart C, or a case-by-case extension under 40 CFR §268.5, or an exemption under 40 CFR §268.6.

Restricted Waste Certification (Treatment Standards Met) (Category 4)

Mark the certification statement below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards), and the waste meets the standards as generated. Note: All applicable constituent standards must be accounted for. A waste may pass one or more standards and require treatment or be variance for other constituents. In this case, all applicable categories must be checked.

- ☐ I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA § 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

SIGNATURE: H. VANDER WIEY DATE: 6/28/96
PRINT NAME: H. VANDER WIEY TITLE: LAB TECH

EPA I.D. Number : CADDIO 707 222

Manifest : 95199233

[illegible]

F001 - F005 spent solvents

Legend #	Constituent Name	19	Nitrobenzene
1	Acetone	20	Pyridine
2	Benzene	21	Tetrachloroethylene
3	n-Butyl alcohol	22	Toluene
* 4	Carbon disulfide	23	1,1,1-Trichloroethane
5	Carbon tetrachloride	24	1,1,2-Trichloroethane
6	Chlorobenzene	25	Trichloroethylene
7	Cresol (m- and p-isomers)	26	1,1,2-Trichloro-1,2,2-trifluoroethane
8	o-Cresol		
* 9	Cyclohexanone	27	Trichloromonofluoro-methane
10	1,2-Dichlorobenzene	28	Xylenes (total)
11	Ethyl Acetate		
12	Ethyl Benzene		
13	Ethyl Ether		
14	Isobutyl alcohol		
* 15	Methanol		
16	Methylene Chloride		
17	Methyl Ethyl Ketone		
18	Methyl isobutyl ketone		

Legends 29-31 RESERVED

** If these constituents are present alone or in any combination of the three, then non waste water forms of these constituents must be treated to TCLP levels as indicated in §268.40.*

Legend #	Constituent Name
32	2-Ethoxyethanol
33	2-Nitropropane

Legends 34-43 RESERVED

CALIFORNIA LIST WASTES

Legend #	Constituent Name
44	Nickel
45	Thallium
46	Cyanide (Liquid)
47	Liquid Polychlorinated Biphenyls (PCB's)
48	Halogenated Organic compounds (HOC's)

**SEE BACK FOR THE UNIVERSAL
TREATMENT STANDARDS (UTS),
Legends 49-264**

Lab Pack Waste Customer Notification/Certification
(Category 6)Page 1 of 1Generator Name/Location: MACDERMID INC. / LOS ANGELESEPA I.D. Number CAD0010707222 Manifest Number 95199233**Restricted Waste Notification (Category 2)**

Check this category and category 6 below if you are managing lab pack wastes that are restricted from land disposal (the waste has applicable treatment standards), AND if the lab pack does not contain any of the restricted waste codes listed in 40 CFR Part 268 Appendix IV.

- ☐ I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the alternate treatment standards for lab packs specified in 40 CFR Part 268.42(c).

Lab Pack Certification (Category 6)

- ☒ I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack contains only wastes which have not been excluded under appendix IV to part 268 or solid waste not subject to regulation under 40 CFR 261. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

Drum Number, Waste Profile or ARF Number	State/EPA Waste Numbers	Drum Number, Waste Profile or ARF Number	State/EPA Waste Numbers
UPMAC-121-122	551/0002		
UPMAC-123	551/0001, 0002		

Unrestricted Waste Notification (Category 1)

Mark this category if you are managing lab pack wastes that are not subject to the land disposal restrictions (the waste have no applicable treatment standards).

- ☒ I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR Part 268, Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA Section 3004(d).

Drum Number, Waste Profile or ARF Number	State/EPA Waste Numbers	Drum Number, Waste Profile or ARF Number	State/EPA Waste Numbers
UPMAC-124-133	551		

SIGNATURE: [Signature] DATE: 06/28/96PRINT NAME: HENDER WIEY TITLE: LAB TECH

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No

Manifest Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

CIAD10110171017121212181518

of 2

3. Generator's Name and Mailing Address

MACDERMID, INC.
245 FREIGHT STREET
WATERBURY, CT 06702

A. State Manifest Document Number

95199233

4. Generator's Phone

(310) 240-2904

B. State Generator's ID

HAH01361015131510

5. Transporter 1 Company Name

6. US EPA ID Number

LAIDLAW ENV. SERV. OF CA (UPK) CIAD10101010181311211

C. State Transporter's ID

D. Transporter's Phone (909) 933-0342

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

LAIDLAW ENV SERV SOUTHWEST
1340 W LINCOLN STREET
PHOENIX AZ 85007

10. US EPA ID Number

INZ1010491111510109

G. State Facility's ID

H. Facility's Phone

(602) 253-6155

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

13. Total Quantity

14. Unit Wt/Vol

I. Waste Number

a. NON-RCRA HAZARDOUS WASTE LIQUID
(CLEANING COMPOUND)

0116

DIE

01019100

G

State 343

EPA/Other NR

b. WASTE CAUSTIC ALKALI LIQUIDS, N.O.S., 3,
UN1719, PG II (LAB PACK)

0102

DM

01041010

P

State 152123

EPA/Other 0002

c. WASTE FLAMMABLE LIQUIDS, CORROSIVE, N.O.S.,
3, UN2924, PG II (LAB PACK)

0101

DIE

0101510

P

State 331

EPA/Other 0001 0002

d. NON-RCRA HAZARDOUS WASTE LIQUID
(LAB PACK)

0110

DIE

012101010

P

State 343

EPA/Other NR

J. Additional Descriptions for Materials Listed Above

11a) 16X55 DF # UPMAC-105 THRU 120 } App UPMAC-0045
11b) 2X55 DM # UPMAC-121-122 - App UPMAC-0045
11c) 1X14 DF # UPMAC-123 - App UPMAC-0045
11d) 10X55 DM # UPMAC-124 thru 122 App UPMAC-0045

K. Handling Codes for Wastes Listed Above

a.

b.

c.

d.

15. Special Handling Instructions and Additional Information

NEAR PROPER SAFETY EQUIPMENT

SWD1 22858
SITE: MACDERMID INC.
5439 SAN FERNANDO RD WEST
LOS ANGELES CA 90039

EMERGENCY CONTACT: (310) 518-4700

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable, and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

VINCE WEL

Signature

Month

Day

Year

10/2/96

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

JACK N LASTA

Signature

JACK N LASTA

Month

Day

Year

06/28/96

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month

Day

Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

Printed/Typed Name

Signature

Month

Day

Year

DO NOT WRITE BELOW THIS LINE.

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator's US EPA ID No.	Manifest Document No.	22. Page	Information in the shaded areas is not required by Federal law.	
23. Generator's Name				L. State Manifest Document Number		
				M. State Generator's ID		
24. Transporter Company Name		25. US EPA ID Number		N. State Transporter's ID		
				O. Transporter's Phone		
26. Transporter Company Name		27. US EPA ID Number		P. State Transporter's ID		
				Q. Transporter's Phone		
28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				29. Containers	30. Total Quantity	31. Unit Wt/Vol
				No.	Type	R. Waste No.
a.	HM					
b.						
c.						
d.						
e.						
f.						
g.						
h.						
i.						
S. Additional Descriptions for Materials Listed Above				T. Handling Codes for Wastes Listed Above		
32. Special Handling Instructions and Additional Information						
33. Transporter Acknowledgement of Receipt of Materials				Date		
Printed/Typed Name		Signature		Month Day Year		
34. Transporter Acknowledgement of Receipt of Materials				Date		
Printed/Typed Name		Signature		Month Day Year		
35. Discrepancy Indication Space						



**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

CA00107071212

22858

1 of 5

A. State Manifest Document Number
95851352

3. Generator's Name and Mailing Address

MACDERMID, INC.

245 FREIGHT STATION, WATERBURY, CT 06702-

4. Generator's Phone (019) 240-2904

B. State Generator's ID

NA000000000000

5. Transporter 1 Company Name

LAIDLAW RRV SVCS OF CALIF. (UP)

6. US EPA ID Number

CA000000000000

C. State Transporter's ID

D. Transporter's Phone

(909) 903-0302

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

LAIDLAW RRV SVCS. SW

1340 W. LINCOLN STREET

PHOENIX, AZ 85007-

10. US EPA ID Number

AZ000000000000

G. State Facility's ID

H. Facility's Phone

(602) 258-6155

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No. Type

13. Total Quantity

14. Unit Wt/Vol

I. Waste Number

WASTE OXIDIZING LIQUID, N.O.S., (HYDROGEN PEROXIDE, AMMONIUM
BIFLUORIDE), 5.1, UN3139, II

0010DF00050 G

State 133

EPA/Other 0001

WASTE OXIDIZING SUBSTANCES, SOLID, N.O.S., (POTASSIUM
PERSULFATE), 5.1, UN1479, III

003DF00300 P

State 181

EPA/Other 0001

SODIUM HYDROXIDE, SOLID, 8, UN1823, II

003DF00600 P

State 181

EPA/Other

WASTE CAUSTIC ALKALI LIQUIDS, N.O.S., (SODIUM HYDROXIDE), 8,
UN1719, II

014DF00060 G

State 331

EPA/Other 0002

J. Additional Descriptions for Materials Listed Above

Additional a. 1X55P; 960000-001
EPA Waste b. 3X8F; 960000-002
Codes c. 3X55P; 960000-003
d. 1X55P; 960000-004

K. Handling Codes for Wastes Listed Above

a. H074

b. H132

c. H074

d. H132

15. Special Handling Instructions and Additional Information

WEAR APPROPRIATE SAFETY EQUIPMENT

MACDERMID, INC.
5439 SAN FERNANDO RD. WEST
LOS ANGELES, CA 90039-
MOB: 560122858

Emergency Contact: 310-518-4700 2 IN EMERGENCY CONTACT

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified,
packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be
economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future
threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best
waste management method that is available to me and that I can afford.

Printed/Typed Name

H. VANDER WEE

Signature

[Signature]

Month Day Year

06 28 96

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Guillermo Montero

Signature

[Signature]

Month Day Year

06 28 96

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

DO NOT WRITE BELOW THIS LINE.

GENERATOR COPY

TRANSPORTER FACILITY

GENERATOR COPY

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator's US EPA ID No CA0011647000		Manifest Document No. 00050		22. Page 4		Information in the shaded areas is not required by Federal law.		
23. Generator's Name WACOPAC INC. 115 FORTY-SEVEN STREET, ST. LOUIS, MO 63103						L. State Manifest Document Number 45851352				
						M. State Generator's ID HA11036053550				
24. Transporter Company Name				25. US EPA ID Number		N. State Transporter's ID				
						O. Transporter's Phone				
26. Transporter Company Name				27. US EPA ID Number		P. State Transporter's ID				
						Q. Transporter's Phone				
28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						29. Containers		30. Total Quantity	31. Unit Wt/Vol	R. Waste No.
						No.	Type			
a.	HM	NOT REGULATED MATERIALS, (SULFURIC ACID), LIQUID				001	DF	000014	G	133 NONE
b.		NON RCRA HAZARDOUS WASTE, LIQUID				002	DM	000100	G	111 NONE
c.		NON RCRA HAZARDOUS WASTE, LIQUID				001	DF	000004	G	1 NONE
d.		NON RCRA HAZARDOUS WASTE, LIQUID				002	DF	000100	G	111 NONE
e.		NON RCRA HAZARDOUS WASTE, LIQUID				004	DF	000036	G	111 NONE
f.		NON RCRA HAZARDOUS WASTE, LIQUID (SULFURIC ACID)				001	DF	000004	G	111 NONE
g.		NON RCRA HAZARDOUS WASTE, LIQUID								301 ②
h.										
i.										
S. Additional Descriptions for Materials Listed Above Add: a. H/R 1X100 960628-0000-0000 103 b. H/R 2X100 960628-0000-0000 104 Waste: a. 1150 960628-0000-0000 Codes: a. 2550 960628-0000-0000 093, 094, 1						T. Handling Codes for Wastes Listed Above a. M132 d. 11 b. H132 e. 11 c. H032 f. 11				
32. Special Handling Instructions and Additional Information a. 960628-0000-0000 103 b. 960628-0000-0000 104 c. 960628-0000-0000 105 d. 960628-0000-0000 106 e. 960628-0000-0000 107 f. 960628-0000-0000 108 g. 960628-0000-0000 109 h. 960628-0000-0000 110 i. 960628-0000-0000 111										
33. Transporter Acknowledgement of Receipt of Materials										Date
Printed/Typed Name					Signature					Month Day Year
34. Transporter Acknowledgement of Receipt of Materials										Date
Printed/Typed Name					Signature					Month Day Year
35. Discrepancy Indication Space										



L A I D L A W
ENVIRONMENTAL
SERVICES

ISOBRITE 345 (18322)

UPMAC-0075

☐ New ☐ Amendment☐ LQG☐ SQG☐ CSQG**A. GENERATOR INFORMATION**Generator Name MACDERMID, INC.

Facility Address _____

5439 SAN FERNANDO RD. WESTCity/County LOS ANGELES / CA-LOS ANGELES-4State CAZip Code 90039USEPA ID# CAD010707222State ID# HAHQ36053550Technical Contact DELORES FERREL OR KEN KRAMMERTelephone(818) 240-2904

EXT. _____

Fax(818) 240-4873Billing Name MACDERMID, INC.Billing Address 526 HUNTINGDON AVECity WATERBURYState CTZip Code 06708Attention CHERRIE GILLISTelephone(818) 240-2904

EXT. _____

B. DOT Shipping Name Environmentally hazardous substances, liquid, n.o.s.Tech. Con. BENZYL CHLORIDEHazard Class 9 Zone _____ Label Req CLASS 9UN/NA No. UN3082 Packing Group III RQ _____**C. RCRA** RCRA Non Hazardous/Exempt? ☐ Yes ☒ No Process Generating? _____Out of Date ProductsState Waste Codes. _____ EPA Waste Codes: 133**D. ANNUAL REPORT CODES**SIC Code: 2 8 9 9Source Code: A NRForm Code: B NROrigin Code 1System Type. M 141**E. OTHER COMPONENTS**

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ %

F. PHYSICAL CHARACTERISTICS AT 70° F1. Infectious or Biological Waste? ☐ Yes ☒ No2. NRC Regulated Radioactive? ☐ Yes ☒ No3. Reactivity ☒ None ☐ Water Reactive
☐ Pyrophoric ☐ Shock Sensitive
☐ Cyanides ☐ DOT Explosive
☐ Sulfides ☐ Other _____☐ Gas (Cylinder) ☐ Solid _____ %
☐ Aerosol ☐ Sludges _____ %
☐ Lab-Pack ☒ Free Liquids 100% %
100%Layers
☒ Single Layered ☐ Bi-layered ☐ Multi-layeredViscosity
☒ Low ☐ Medium ☐ HighOdor
☐ None ☒ Mild ☐ Strong Describe:
AMMONIAColor/Appearance:
REDDISH BROWN**G. METALS**☒ NONE ☐ TCLP (MG/L) ☐ TOTAL (PPM)

	Reg Limit	Below	Above	Range
Arsenic	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Barium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cadmium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chromium	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Copper		<input type="checkbox"/>	<input type="checkbox"/>	_____
Lead	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mercury	0.2 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Selenium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Silver	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Zinc		<input type="checkbox"/>	<input type="checkbox"/>	_____
Others:				_____

Weight

Density 8.8 lbs./gal.(US,liq) _____ lbs./cu. foot

Dry Weight ☒ <1.0% ☐ 5-20%☐ 1-5% ☐ 20-100%pH ☐ N/A☐ 0-2 ☐ 4.1-10 ☐ ≥12.5☐ 2.1-4 ☐ 10.1-12.4 Exact 8.00**Flash Point (liquid only)**☐ <73°F (23°C)☐ 73-140°F (23-60°C)☐ 142-200°F (61-93°C)☐ >200°F (93°C)☐ Exact N/A**Boiling Point**☐ <95°F (35°C)☐ >95°F (35°C)☐ Exact N/A**BTU/LB.**

<5000

H. PHYSICAL/CHEMICAL CONSTITUENTSISOBRITE 95-100% %BENZYL CHLORIDE <5% %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

100 %

(Attach All MSDS, Sample Analysis and Additional Info.)

Dermal Toxicity LD₅₀(Mg/Kg)☐ ≤40 ☐ <200, ≤1000☐ >40, ≤200 ☒ >10004. Material poisonous by inhalation? ☐ Yes ☒ No**Oral Toxicity LD₅₀(Mg/Kg)**☐ ≤5 ☐ >5, ≤50Solids: ☐ >50, ≤200 ☐ >200Liquids: ☐ >50, ≤500 ☒ >5005. Is this waste stored in vented drums? ☐ Yes ☒ No6. Is this waste pumpable? ☒ Yes ☐ No7. Is this waste polymerizable? ☐ Yes ☒ No8. Is waste stream subject to the National Emission Standards for Benzene Waste Operations (40 CFR 61 Subpart FF)? ☐ Yes ☒ No9. Is this waste regulated as an ozone depleting substance (40 CFR part 82)? ☐ Yes ☒ No10. Does this waste contain scrap metal pieces greater than 2 inches in size? ☐ Yes ☒ No**I. ANTICIPATED VOLUME**

Qty.	Container	Qty.	Container
------	-----------	------	-----------

☒ 1.00 5 gl. pail ☐ _____ Cubic Yard Box *☐ _____ 15 gl. carboy ☐ _____ Super Sack *☐ _____ 30 gl. drum ☐ _____ Rolloff/Dump Trailer *☐ _____ 55 gl. drum ☐ _____ Tanker *☐ _____ 85 gl. drum ☐ _____ Other _____Per ☐ 1 Time ☐ Week ☐ Month☐ Year ☒ Other AN(*) Is this waste regulated as a Marine Pollutant (49 CFR 171.8)? ☐ Yes ☒ No**Generator's Certification:**

I certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this

Authorized Signature: _____

Date

6/21/96

ME-1010 IMMERSION TIN

UPMAC-0076

☐ New ☐ Amendment

☐ LQG

☐ SQG

☐ CSQG

A. GENERATOR INFORMATION

Generator Name MACDERMID, INC.

Facility Address

5439 SAN FERNANDO RD. WEST

City/County LOS ANGELES / CA-LOS ANGELES-4

State CA

Zip Code 90039

USEPA ID# CAD010707222

State ID# HAHQ36053550

Technical Contact DELORES FERREL OR KEN KRAMMER

Telephone(818) 240-2904

EXT. _____

Fax(818) 240-4873

Billing Name MACDERMID, INC.

Billing Address 526 HUNTINGDON AVE

City WATERBURY

State CT

Zip Code 06708

Attention CHERRIE GILLIS

Telephone(818) 240-2904

EXT. _____

B. DOT Shipping Name Waste Corrosive liquids, n.o.s.

Tech. Con. HYDROCHLORIC ACID, HYPHOPHOSPHORUS ACID

Hazard Class 8 Zone _____ Label Req CORROSIVE

UN/NA No. UN1760 Packing Group II RQ _____

C. RCRA RCRA Non Hazardous/Exempt? ☐ Yes ☒ No Process Generating: _____

cut & date Products

State Waste Codes: _____ EPA Waste Codes: 791, D002

D. ANNUAL REPORT CODES

SIC Code: 2 8 9 9

Source Code: A 5 8

Form Code: B 1 0 5

Origin Code: 1

System Type: M 1 4 1

E. OTHER COMPONENTS

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ %

F. PHYSICAL CHARACTERISTICS AT 70° F

1. Infectious or Biological Waste? ☐ Yes ☒ No
 2. NRC Regulated Radioactive? ☐ Yes ☒ No
 3. Reactivity ☒ None ☐ Water Reactive
☐ Pyrophoric ☐ Shock Sensitive
☐ Cyanides ☐ DOT Explosive
☐ Sulfides ☐ Other _____

- ☐ Gas (Cylinder) ☐ Solid _____ %
☐ Aerosol ☐ Sludges _____ %
☐ Lab-Pack ☒ Free Liquids 100% %

Layers
☒ Single Layered ☐ Bi-layered ☐ Multi-layered

Viscosity
☒ Low ☐ Medium ☐ High

Odor
☐ None ☐ Mild ☒ Strong Describe: SULFUR LIKE

Color/Appearance:
CLEAR

Weight
 Density 8.84 lbs./gal.(US,liq) _____ lbs./cu. foot
 Dry Weight ☒ <1.0% ☐ 5-20%
☐ 1-5% ☐ 20-100%

pH ☐ N/A
☐ 0-2 ☐ 4.1-10 ☐ ≥12.5
☐ 2.1-4 ☐ 10.1-12.4 Exact 1.50

Flash Point (liquid only)
☐ <73°F (23°C) ☐ 73-140°F (23-60°C)
☐ 142-200°F (61-93°C) ☐ >200°F (93°C)
☐ Exact N/A

Boiling Point
☐ <95°F (35°C) ☐ >95°F (35°C)
☐ Exact N/A

BTU/Lb.
>5000

H. PHYSICAL/CHEMICAL CONSTITUENTS

HYDROCHLORIC ACID 1-5% %

THIOUREA 3-8% %

HYPHOPHOSPHORUS ACID 5-10% %

STANNOUS CHLORIDE 1-5% %

WATER BALANCE% %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

Dermal Toxicity LD₅₀(Mg/Kg)
☐ ≤40 ☐ <200, ≤1000
☐ >40, ≤200 ☒ >1000

4. Material poisonous by inhalation? ☐ Yes ☒ No

Oral Toxicity LD₅₀(Mg/Kg)
☐ ≤5 ☐ >5, ≤50
 Solids: ☐ >50, ≤200 ☐ >200
 Liquids: ☐ >50, ≤500 ☒ >500

5. Is this waste stored in vented drums? ☐ Yes ☒ No

6. Is this waste pumpable? ☒ Yes ☐ No

7. Is this waste polymerizable? ☐ Yes ☒ No

8. Is waste stream subject to the National Emission Standards for Benzene Waste Operations (40 CFR 61 Subpart FF)? ☐ Yes ☒ No

9. Is this waste regulated as an ozone depleting substance (40 CFR part 82)? ☐ Yes ☒ No

10. Does this waste contain scrap metal pieces greater than 2 inches in size? ☐ Yes ☒ No

I. ANTICIPATED VOLUME

Qty.	Container	Qty.	Container
<input checked="" type="checkbox"/> 2.00	5 gl. pail	<input type="checkbox"/> _____	Cubic Yard Box*
<input type="checkbox"/> _____	15 gl. carboy	<input type="checkbox"/> _____	Super Sack*
<input type="checkbox"/> _____	30 gl. drum	<input type="checkbox"/> _____	Rolloff/Dump Trailer*
<input type="checkbox"/> _____	55 gl. drum	<input type="checkbox"/> _____	Tanker*
<input type="checkbox"/> _____	85 gl. drum	<input type="checkbox"/> _____	Other _____

Per ☐ 1 Time ☐ Week ☐ Month
☐ Year ☒ Other AN

(*) Is this waste regulated as a Marine Pollutant (49 CFR 171.8)? ☐ Yes ☒ No

G. METALS

☒ NONE ☐ TCLP (MG/L) ☐ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Barium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cadmium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chromium	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Copper		<input type="checkbox"/>	<input type="checkbox"/>	_____
Lead	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mercury	0.2 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Selenium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Silver	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Zinc		<input type="checkbox"/>	<input type="checkbox"/>	_____
Others:				_____

Generator's Certification:

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature: [Signature]

Date 6/21/96

(Attach All MSDS, Sample Analysis and Additional Info.)

NAME OF WASTE STREAM

MATERIAL PROFILE NO.

LAIDLAW
ENVIRONMENTAL
SERVICES

METEX DEFOAMER 5835 (15835)

UPMAC-0078

☐ New ☐ Amendment☐ LOG☐ SQG☐ CSQG**A. GENERATOR INFORMATION**Generator Name MACDERMID, INC.

Facility Address

5439 SAN FERNANDO RD. WESTCity/County LOS ANGELES / CA-LOS ANGELES-4State CAZip Code 90039-USEPA ID# CAD010707222State ID# HAHQ36053550Technical Contact DELORES FERREL OR KEN KRAMMERTelephone(818) 240-2904

EXT. _____

Fax(818) 240-4873Billing Name MACDERMID, INC.Billing Address 526 HUNTINGDON AVECity WATERBURYState CTZip Code 06708-Attention CHERRIE GILLISTelephone(818) 240-2904

EXT. _____

B. DOT Shipping Name NON-RCRA HAZARDOUS WASTE LIQUID

Tech. Con. _____

Hazard Class _____ Zone _____ Label Req _____

UN/NA No. _____ Packing Group _____ RQ _____

C. RCRA RCRA Non Hazardous/Exempt? ☒ Yes ☐ No Process Generating: _____Out of date ProductState Waste Codes: _____ EPA Waste Codes: 133**D. ANNUAL REPORT CODES**SIC Code: 2 8 9 9Source Code: A NRForm Code: B NROrigin Code 1System Type: M 1 4 1**E. OTHER COMPONENTS**

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ %

F. PHYSICAL CHARACTERISTICS AT 70° F

1. Infectious or Biological Waste? ☐ Yes ☒ No
2. NRC Regulated Radioactive? ☐ Yes ☒ No
3. Reactivity ☒ None ☐ Water Reactive
☐ Pyrophoric ☐ Shock Sensitive
☐ Cyanides ☐ DOT Explosive
☐ Sulfides ☐ Other _____

- ☐ Gas (Cylinder) ☐ Solid _____ %
☐ Aerosol ☐ Sludges _____ %
☐ Lab-Pack ☒ Free Liquids 100% %
100%

Layers
☒ Single Layered ☐ Bi-layered ☐ Multi-layeredViscosity
☒ Low ☐ Medium ☐ HighOdor
☒ None ☐ Mild ☐ Strong Describe: _____Color/Appearance:
WHITE**Weight**

Density 7.4 lbs./gal.(US,liq) _____ lbs./cu. foot

Dry Weight ☒ <1.0% ☐ 5-20%☐ 1-5% ☐ 20-100%pH ☒ N/A☐ 0-2 ☐ 4.1-10 ☐ ≥12.5☐ 2.1-4 ☐ 10.1-12.4 Exact _____**Flash Point** (liquid only)☐ <73°F (23°C)☐ 73-140°F (23-60°C)☐ 142-200°F (61-93°C)☒ >200°F (93°C)☐ Exact _____**Boiling Point**☐ <95°F (35°C)☒ >95°F (35°C)☐ Exact _____**BTU/LB.**

<5000

Dermal Toxicity LD₅₀(Mg/Kg)☐ <40 ☐ <200, ≤1000☐ >40, ≤200 ☒ >1000**4. Material poisonous by inhalation?** ☐ Yes ☒ No**Oral Toxicity LD₅₀(Mg/Kg)**☐ ≤5 ☐ >5, ≤50Solids: ☐ >50, ≤200 ☐ >200Liquids: ☐ >50, ≤500 ☒ >5005. Is this waste stored in vented drums? ☐ Yes ☒ No6. Is this waste pumpable? ☒ Yes ☐ No7. Is this waste polymerizable? ☐ Yes ☒ No8. Is waste stream subject to the National Emission Standards for Benzene Waste Operations (40 CFR 61 Subpart FF)? ☐ Yes ☒ No9. Is this waste regulated as an ozone depleting substance (40 CFR part 82)? ☐ Yes ☒ No10. Does this waste contain scrap metal pieces greater than 2 inches in size? ☐ Yes ☒ No**G. METALS**☒ NONE ☐ TCLP (MG/L) ☐ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Barium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cadmium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chromium	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Copper		<input type="checkbox"/>	<input type="checkbox"/>	_____
Lead	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mercury	0.2 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Selenium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Silver	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Zinc		<input type="checkbox"/>	<input type="checkbox"/>	_____
Others:				_____

H. PHYSICAL/CHEMICAL CONSTITUENTS

PARAFFINIC BLEND _____ 50-100% %

FOAM SUPPRESSOR _____ 50-100% %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

100 %

(Attach All MSDS, Sample Analysis and Additional Info.)

I. ANTICIPATED VOLUME

Qty.	Container	Qty.	Container
<input checked="" type="checkbox"/> 1.00	5 gal. pail	<input type="checkbox"/> _____	Cubic Yard Box*
<input type="checkbox"/> _____	15 gal. carboy	<input type="checkbox"/> _____	Super Sack*
<input type="checkbox"/> _____	30 gal. drum	<input type="checkbox"/> _____	Rolloff/Dump Trailer*
<input type="checkbox"/> _____	55 gal. drum	<input type="checkbox"/> _____	Tanker*
<input type="checkbox"/> _____	85 gal. drum	<input type="checkbox"/> _____	Other _____

Per ☐ 1 Time ☐ Week ☐ Month
☐ Year ☒ Other AN(*) Is this waste regulated as a Marine Pollutant (49 CFR 171.8)? ☐ Yes ☒ No**Generator's Certification:**

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature: _____

Date

6/21/96



NAME OF WASTE STREAM

MATERIAL PROFILE NO.

ISOPREP 201 (15047)

UPMAC-0079

☐ New ☐ Amendment☐ LQG☐ SQG☐ CSQG**A. GENERATOR INFORMATION**Generator Name MACDERMID, INC.

Facility Address

5439 SAN FERNANDO RD. WESTCity/County LOS ANGELES / CA-LOS ANGELES-4State CAZip Code 90039USEPA ID# CAD010707222State ID# HAHQ36053550Technical Contact DELORES FERREL OR KEN KRAMMERTelephone(818) 240-2904

EXT. _____

Fax(818) 240-4873Billing Name MACDERMID, INC.Billing Address 526 HUNTINGDON AVECity WATERBURYState CTZip Code 06708Attention CHERRIE GILLISTelephone(818) 240-2904

EXT. _____

B. DOT Shipping Name Waste chromic acid solution

Tech. Con. _____

Hazard Class 8 Zone _____ Label Req CORROSIVEUN/NA No. UN1755 Packing Group II RQ 10**C. RCRA** RCRA Non Hazardous/Exempt? ☐ Yes ☒ No Process Generating: _____Out of date ProductsState Waste Codes: _____ EPA Waste Codes: 723, 792, D002,0007**D. ANNUAL REPORT CODES**SIC Code: 2 8 9 9Source Code: A 58Form Code: B 1 0 5Origin Code LSystem Type: M 1 4 1**E. OTHER COMPONENTS**

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ %

F. PHYSICAL CHARACTERISTICS AT 70° F

1. Infectious or Biological Waste? ☐ Yes ☒ No
2. NRC Regulated Radioactive? ☐ Yes ☒ No
3. Reactivity ☒ None ☐ Water Reactive
☐ Pyrophoric ☐ Shock Sensitive
☐ Cyanides ☐ DOT Explosive
☐ Sulfides ☐ Other _____

- ☐ Gas (Cylinder) ☐ Solid _____ %
☐ Aerosol ☐ Sludges _____ %
☐ Lab-Pack ☒ Free Liquids 100% %

Layers
☒ Single Layered ☐ Bi-layered ☐ Multi-layeredViscosity
☒ Low ☐ Medium ☐ HighOdor
☒ None ☐ Mild ☐ Strong Describe: _____Color/Appearance:
DARK REDDISH BROWN**Weight**Density 9.8 lbs./gal. (US liq) _____ lbs./cu. footDry Weight ☒ < 1.0 % ☐ 5-20 %☐ 1-5 % ☐ 20-100 %pH ☐ N/A ☐ 0-2 ☐ 4.1-10 ☐ ≥ 12.5☐ 2.1-4 ☐ 10.1-12.4 Exact 1.00**Flash Point (liquid only)**☐ < 73°F (23°C)☐ 73-140°F (23-60°C)☐ 142-200°F (61-93°C)☐ > 200°F (93°C)☐ Exact N/A**Boiling Point**☐ < 95°F (35°C)☐ > 95°F (35°C)☐ Exact N/A

BTU/LB.

H. PHYSICAL/CHEMICAL CONSTITUENTSCHROMIC ACID 15-22% %NITRIC ACID 2-5% %SULFURIC ACID 1-4% %WATER BALANCE %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

(Attach All MSDS, Sample Analysis and Additional Info.)

Dermal Toxicity LD₅₀ (Mg/Kg)☐ ≤ 40 ☐ < 200, ≤ 1000☐ > 40, ≤ 200 ☒ > 10004. Material poisonous by inhalation? ☐ Yes ☒ No**Oral Toxicity LD₅₀ (Mg/Kg)**☐ ≤ 5 ☐ > 5, ≤ 50Solids: ☐ > 50, ≤ 200 ☐ > 200Liquids: ☐ > 50, ≤ 500 ☒ > 5005. Is this waste stored in vented drums? ☐ Yes ☒ No6. Is this waste pumpable? ☒ Yes ☐ No7. Is this waste polymerizable? ☐ Yes ☒ No8. Is waste stream subject to the National Emission Standards for Benzene Waste Operations (40 CFR 61 Subpart FF)? ☐ Yes ☒ No9. Is this waste regulated as an ozone depleting substance (40 CFR part 82)? ☐ Yes ☒ No10. Does this waste contain scrap metal pieces greater than 2 inches in size? ☐ Yes ☒ No**G. METALS**☐ NONE ☐ TCLP (MG/L) ☒ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Barium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cadmium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chromium	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	<u>ABOVE</u>
Copper		<input type="checkbox"/>	<input type="checkbox"/>	_____
Lead	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mercury	0.2 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Selenium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Silver	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Zinc		<input type="checkbox"/>	<input type="checkbox"/>	_____
Others:				_____

L. ANTICIPATED VOLUME

Qty.	Container	Qty.	Container
<input type="checkbox"/>	5 gl. pail	<input type="checkbox"/>	Cubic Yard Box*
<input type="checkbox"/>	15 gl. carboy	<input type="checkbox"/>	Super Sack*
<input type="checkbox"/>	30 gl. drum	<input type="checkbox"/>	Rolloff/Dump Trailer*
<input type="checkbox"/>	55 gl. drum	<input type="checkbox"/>	Tanker*
<input type="checkbox"/>	85 gl. drum	<input checked="" type="checkbox"/>	<u>1.00</u> Other <u>10</u>

Per ☐ 1 Time ☐ Week ☐ Month
☐ Year ☒ Other _____(*) Is this waste regulated as a Marine Pollutant (49 CFR 171.8)? ☐ Yes ☒ No**Generator's Certification:**

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature: _____

Date 6/21/96

LAI DLAW
ENVIRONMENTAL
SERVICES

PLANAR ELECTROLESS NICKEL PART B(76992)

UPMAC-0080

☐ New ☐ Amendment☐ LQG☐ SQG☐ CSQG**A. GENERATOR INFORMATION**Generator Name MACDERMID, INC.

Facility Address _____

5439 SAN FERNANDO RD. WESTCity/County LOS ANGELES / CA-LOS ANGELES-4State CAZip Code 90039USEPA ID# CAD010707222State ID# HAHQ36053550Technical Contact DELORES FERREL OR KEN KRAMMERTelephone(818) 240-2904

EXT _____

Fax(818) 240-4873Billing Name MACDERMID, INC.Billing Address 526 HUNTINGDON AVECity WATERBURYState CTZip Code 06708Attention CHERRIE GILLISTelephone(818) 240-2904

EXT. _____

B. DOT Shipping Name NON RCRA HAZARDOUS WASTE, LIQUID

Tech. Con. _____

Hazard Class _____ Zone _____ Label Req _____

UN/NA No. NONERCRA Packing Group _____ RQ _____**C. RCRA** RCRA Non Hazardous/Exempt? ☒ Yes ☐ No

Process Generating: _____

State Waste Codes: _____

EPA Waste Codes: 133**D. ANNUAL REPORT CODES**SIC Code: 2 8 9 9Source Code: A NRForm Code: B NROrigin Code ISystem Type: M 1 4 1**E. OTHER COMPONENTS**

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ %

F. PHYSICAL CHARACTERISTICS AT 70° F

1. Infectious or Biological Waste? ☐ Yes ☒ No
2. NRC Regulated Radioactive? ☐ Yes ☒ No
3. Reactivity ☒ None ☐ Water Reactive
- ☐ Pyrophoric ☐ Shock Sensitive
- ☐ Cyanides ☐ DOT Explosive
- ☐ Sulfides ☐ Other _____

- ☐ Gas (Cylinder) ☐ Solid _____ %
- ☐ Aerosol ☐ Sludges _____ %
- ☐ Lab-Pack ☐ Free Liquids _____ %
- 100%

Layers
☒ Single Layered ☐ Bi-layered ☐ Multi-layered

Viscosity
☒ Low ☐ Medium ☐ High

Odor
☒ None ☐ Mild ☐ Strong Describe: _____

Color/Appearance:
WHITE
Weight

Density 10.9 lbs./gal.(US,liq) _____ lbs./cu. foot

Dry Weight ☒ < 1 0% ☐ 5-20%☐ 1-5% ☐ 20-100%**pH** ☒ N/A☐ 0-2 ☐ 4.1-10 ☐ ≥ 12.5☐ 2.1-4 ☐ 10 1-12.4 Exact _____**Flash Point** (liquid only)☐ < 73°F (23°C)☐ 73-140°F (23-60°C)☐ 142-200°F (61-93°C)☐ > 200°F (93°C)☐ Exact N/A**Boiling Point**☐ < 95°F (35°C)☐ > 95°F (35°C)☐ Exact N/A**BTU/Lb.** _____**H. PHYSICAL/CHEMICAL CONSTITUENTS****MALIC ACID** _____ 5-10% %**SODIUM HYPHOSPHITE** _____ 15-20% %**WATER** _____ BALANCE% %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

(Attach All MSDS, Sample Analysis and Additional Info.)

G. METALS☒ NONE ☐ TCLP (MG/L) ☐ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Barium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cadmium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chromium	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Copper		<input type="checkbox"/>	<input type="checkbox"/>	_____
Lead	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mercury	0.2 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Selenium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Silver	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Zinc		<input type="checkbox"/>	<input type="checkbox"/>	_____
Others:				_____

Dermal Toxicity LD₅₀ (Mg/Kg)☐ ≤ 40 ☐ < 200, ≤ 1000☐ > 40, ≤ 200 ☒ > 10004. Material poisonous by inhalation? ☐ Yes ☒ No**Oral Toxicity LD₅₀ (Mg/Kg)**☐ ≤ 5 ☐ > 5, ≤ 50Solids: ☐ > 50, ≤ 200 ☐ > 200Liquids: ☐ > 50, ≤ 500 ☒ > 5005. Is this waste stored in vented drums? ☐ Yes ☒ No6. Is this waste pumpable? ☒ Yes ☐ No7. Is this waste polymerizable? ☐ Yes ☒ No8. Is waste stream subject to the National Emission Standards for Benzene Waste Operations (40 CFR 61 Subpart FF)? ☐ Yes ☒ No9. Is this waste regulated as an ozone depleting substance (40 CFR part 82)? ☐ Yes ☒ No10. Does this waste contain scrap metal pieces greater than 2 inches in size? ☐ Yes ☒ No**I. ANTICIPATED VOLUME**

Qty.	Container	Qty.	Container
<input type="checkbox"/>	5 gl. pail	<input type="checkbox"/>	Cubic Yard Box*
<input type="checkbox"/>	15 gl. carboy	<input type="checkbox"/>	Super Sack*
<input type="checkbox"/>	30 gl. drum	<input type="checkbox"/>	Rolloff/Dump Trailer*
<input type="checkbox"/>	55 gl. drum	<input type="checkbox"/>	Tanker*
<input type="checkbox"/>	85 gl. drum	<input checked="" type="checkbox"/>	1.00 Other PL

Per ☐ 1 Time ☐ Week ☐ Month
☐ Year ☒ Other AN

(*) Is this waste regulated as a Marine Pollutant (49 CFR 171.8)? ☐ Yes ☒ No
Generator's Certification:

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature: _____

Date 6/21/96

L A I D L A W
ENVIRONMENTAL
SERVICES

NIKLA 1000A (78058)

UPMAC-0081

☐ New ☐ Amendment☐ LQG☐ SQG☐ CSQG

A. GENERATOR INFORMATION

Generator Name MACDERMID, INC.

Facility Address

5439 SAN FERNANDO RD. WESTCity/County LOS ANGELES / CA-LOS ANGELES-4State CAZip Code 90039USEPA ID# CAD010707222State ID# HAHQ36053550Technical Contact DELORES FERREL OR KEN KRAMMERTelephone(818) 240-2904

EXT. _____

Fax(818) 240-4873Billing Name MACDERMID, INC.Billing Address 526 HUNTINGDON AVECity WATERBURYState CTZip Code 06708Attention CHERRIE GILLISTelephone(818) 240-2904

EXT. _____

B. DOT Shipping Name Waste Corrosive liquids, n.o.s.Tech. Con. NICKEL SULFATE, SULFURIC ACIDHazard Class 8 Zone _____ Label Req CORROSIVEUN/NA No. UN1760 Packing Group II RQ _____

C. RCRA RCRA Non Hazardous/Exempt?

☐ Yes ☒ No Process Generating: _____State Waste Codes: _____ EPA Waste Codes: 726, 792, D002

D. ANNUAL REPORT CODES

SIC Code. 2 8 9 9Source Code: A 58Form Code. B 105Origin Code 1System Type: M 141

E. OTHER COMPONENTS

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ %

F. PHYSICAL CHARACTERISTICS AT 70° F

1. Infectious or Biological Waste? ☐ Yes ☒ No2. NRC Regulated Radioactive? ☐ Yes ☒ No3. Reactivity ☒ None ☐ Water Reactive☐ Pyrophoric ☐ Shock Sensitive☐ Cyanides ☐ DOT Explosive☐ Sulfides ☐ Other _____☐ Gas (Cylinder) ☐ Solid _____ %☐ Aerosol ☐ Sludges _____ %☐ Lab-Pack ☒ Free Liquids 100% %Layers ☒ Single Layered ☐ Bi-layered ☐ Multi-layeredViscosity ☒ Low ☐ Medium ☐ HighOdor ☒ None ☐ Mild ☐ Strong Describe: _____

Color/Appearance:

GREEN

G. METALS

☐ NONE ☐ TCLP (MG/L) ☒ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Barium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cadmium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chromium	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Copper		<input type="checkbox"/>	<input type="checkbox"/>	_____
Lead	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mercury	0.2 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	<u>ABOVE</u>
Selenium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Silver	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Zinc		<input type="checkbox"/>	<input type="checkbox"/>	_____
Others:				_____

Weight

Density 10.9 lbs./gal.(US,liq) _____ lbs./cu. footDry Weight ☒ <1.0% ☐ 5-20%☐ 1-5% ☐ 20-100%pH ☐ N/A☐ 0-2 ☐ 4.1-10 ☐ ≥12.5☐ 2.1-4 ☐ 10.1-12.4 Exact 1.00

Flash Point (liquid only)

☐ <73°F (23°C)☐ 73-140°F (23-60°C)☐ 142-200°F (61-93°C)☐ >200°F (93°C)☐ Exact N/A

Boiling Point

☐ <95°F (35°C)☐ >95°F (35°C)☐ Exact N/A

BTU/Lb.

>5000

H. PHYSICAL/CHEMICAL CONSTITUENTS

NICKEL SULFATE 60-80% %SULFURIC ACID 1-2% %WATER BALANCE% %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

100 %

(Attach All MSDS, Sample Analysis and Additional Info.)

Dermal Toxicity LD₅₀(Mg/Kg)☐ ≤40 ☐ <200, ≤1000☐ >40, ≤200 ☒ >10004. Material poisonous by inhalation? ☐ Yes ☒ NoOral Toxicity LD₅₀(Mg/Kg)☐ ≤5 ☐ >5, ≤50Solids: ☐ >50, ≤200 ☐ >200Liquids: ☐ >50, ≤500 ☒ >5005. Is this waste stored in vented drums? ☐ Yes ☒ No6. Is this waste pumpable? ☒ Yes ☐ No7. Is this waste polymerizable? ☐ Yes ☒ No

8. Is waste stream subject to the National Emission

Standards for Benzene Waste Operations

(40 CFR 61 Subpart FF)? ☐ Yes ☒ No

9. Is this waste regulated as an ozone depleting

substance (40 CFR part 82)? ☐ Yes ☒ No

10. Does this waste contain scrap metal pieces

greater than 2 inches in size? ☐ Yes ☒ No

I. ANTICIPATED VOLUME

Qty.	Container	Qty.	Container
<input checked="" type="checkbox"/> 2.00	5 gl. pail	<input type="checkbox"/> _____	Cubic Yard Box*
<input type="checkbox"/> _____	15 gl. carboy	<input type="checkbox"/> _____	Super Sack*
<input type="checkbox"/> _____	30 gl. drum	<input type="checkbox"/> _____	Rolloff/Dump Trailer*
<input type="checkbox"/> _____	55 gl. drum	<input type="checkbox"/> _____	Tanker*
<input type="checkbox"/> _____	85 gl. drum	<input type="checkbox"/> _____	Other _____

Per ☐ 1 Time ☐ Week ☐ Month
☐ Year ☒ Other AN(*) Is this waste regulated as a Marine Pollutant
(49 CFR 171.8)? ☐ Yes ☒ No

Generator's Certification:

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature: [Signature]Date 6/21/96

NAME OF WASTE STREAM

MATERIAL PROFILE NO.



IRIDITE 12L 3S (78635)

UPMAC-0082

☐ New ☐ Amendment☐ LQG☐ SQG☐ CSQG**A. GENERATOR INFORMATION**Generator Name **MACDERMID, INC.**

Facility Address

5439 SAN FERNANDO RD. WESTCity/County **LOS ANGELES / CA-LOS ANGELES-4**State **CA**Zip Code **90039**USEPA ID# **CAD010707222**State ID# **HAHQ36053550**Technical Contact **DELORES FERREL OR KEN KRAMMER**Telephone(818) **240-2904**

EXT.

Fax(818) **240-4873**Billing Name **MACDERMID, INC.**Billing Address **526 HUNTINGDON AVE**City **WATERBURY**State **CT**Zip Code **06708**Attention **CHERRIE GILLIS**Telephone(818) **240-2904**

EXT.

B. DOT Shipping Name Waste Nitric acid

Tech. Con.

Hazard Class **8** Zone Label Req **CORROSIVE**UN/NA No. **UN2031** Packing Group **II** RQ**C. RCRA** RCRA Non Hazardous/Exempt? ☐ Yes ☒ No Process Generating:Out of date ProductState Waste Codes: EPA Waste Codes: **791, D002****D. ANNUAL REPORT CODES**SIC Code: **2 8 9 9**Source Code: **A 5 8**Form Code: **B 1 0 5**Origin Code: **1**System Type: **M 1 4 1****E. OTHER COMPONENTS**

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	%

F. PHYSICAL CHARACTERISTICS AT 70° F

1. Infectious or Biological Waste? ☐ Yes ☒ No
 2. NRC Regulated Radioactive? ☐ Yes ☒ No
 3. Reactivity ☒ None ☐ Water Reactive
☐ Pyrophoric ☐ Shock Sensitive
☐ Cyanides ☐ DOT Explosive
☐ Sulfides ☐ Other

WeightDensity **10.0** lbs./gal.(US liq) lbs./cu. footDry Weight ☒ < 1.0% ☐ 5-20%☐ 1-5% ☐ 20-100%pH ☐ N/A☒ 0-2 ☐ 4.1-10 ☐ ≥ 12.5☐ 2.1-4 ☐ 10.1-12.4 Exact**Flash Point (liquid only)**☐ < 73°F (23°C)☐ 73-140°F (23-60°C)☐ 142-200°F (61-93°C)☐ > 200°F (93°C)☐ Exact N/A**Boiling Point**☐ < 95°F (35°C)☐ > 95°F (35°C)☐ Exact N/A**BTU/Lb.**

< 5000

H. PHYSICAL/CHEMICAL CONSTITUENTS

NITRIC ACID 10-15% %

AMMONIUM BIFLUORIDE < 5% %

WATER BALANCE% %

G. METALS☒ NONE ☐ TCLP (MG/L) ☐ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Barium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Cadmium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Chromium	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Copper		<input type="checkbox"/>	<input type="checkbox"/>	
Lead	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Mercury	0.2 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Selenium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Silver	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Zinc		<input type="checkbox"/>	<input type="checkbox"/>	
Others:				

Dermal Toxicity LD₅₀(Mg/Kg)☐ < 40 ☐ < 200, < 1000☐ > 40, < 200 ☒ > 10004. Material poisonous by inhalation? ☐ Yes ☒ No**Oral Toxicity LD₅₀(Mg/Kg)**☐ ≤ 5 ☐ > 5, < 50Solids: ☐ > 50, < 200 ☐ > 200Liquids: ☐ > 50, < 500 ☒ > 5005. Is this waste stored in vented drums? ☐ Yes ☒ No6. Is this waste pumpable? ☒ Yes ☐ No7. Is this waste polymerizable? ☐ Yes ☒ No8. Is waste stream subject to the National Emission Standards for Benzene Waste Operations (40 CFR 61 Subpart FF)? ☐ Yes ☒ No9. Is this waste regulated as an ozone depleting substance (40 CFR part 82)? ☐ Yes ☒ No10. Does this waste contain scrap metal pieces greater than 2 inches in size? ☐ Yes ☒ No**I. ANTICIPATED VOLUME**

Qty.	Container	Qty.	Container
<input type="checkbox"/>	5 gl. pail	<input type="checkbox"/>	Cubic Yard Box*
<input checked="" type="checkbox"/> 1.00	15 gl. carboy	<input type="checkbox"/>	Super Sack*
<input type="checkbox"/>	30 gl. drum	<input type="checkbox"/>	Roll-off/Dump Trailer*
<input type="checkbox"/>	55 gl. drum	<input type="checkbox"/>	Tanker*
<input type="checkbox"/>	85 gl. drum	<input type="checkbox"/>	Other

Per ☐ 1 Time ☐ Week ☐ Month
☐ Year ☒ Other **AN**

(*) Is this waste regulated as a Marine Pollutant (49 CFR 171.8)? ☐ Yes ☒ No

(Attach All MSDS, Sample Analysis and Additional Info.)

Generator's Certification:

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature: [Signature]Date 6/21/96

Laidlaw
ENVIRONMENTAL
SERVICES

IRIDITE 6-2C (78648)

UPMAC-0083

☐ New ☐ Amendment☐ LQG☐ SQG☐ CSQG**A. GENERATOR INFORMATION**Generator Name MACDERMID, INC.

Facility Address _____

5439 SAN FERNANDO RD. WESTCity/County LOS ANGELES / CA-LOS ANGELES-4State CAZip Code 90039USEPA ID# CAD010707222State ID# HAHQ36053550Technical Contact DELORES FERREL OR KEN KRAMMERTelephone(818) 240-2904

EXT. _____

Fax(818) 240-4873Billing Name MACDERMID, INC.Billing Address 526 HUNTINGDON AVECity WATERBURYState CTZip Code 06708Attention CHERRIE GILLISTelephone(818) 240-2904

EXT. _____

B. DOT Shipping Name Waste Corrosive liquids, n.o.s.Tech. Con. CHROMIC ACID, ACETIC ACIDHazard Class 8 Zone _____ Label Req CORROSIVEUN/NA No. UN1760 Packing Group II RQ _____**C. RCRA** RCRA Non Hazardous/Exempt? ☐ Yes ☒ No Process Generating: _____State Waste Codes: _____ EPA Waste Codes: 133, D002, D007**D. ANNUAL REPORT CODES**SIC Code: 2 8 9 9Source Code: A 5 8Form Code: B 1 0 5Origin Code 1System Type M 1 4 1**E. OTHER COMPONENTS**

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ %

F. PHYSICAL CHARACTERISTICS AT 70° F

1. Infectious or Biological Waste? ☐ Yes ☒ No
2. NRC Regulated Radioactive? ☐ Yes ☒ No
3. Reactivity ☒ None ☐ Water Reactive
☐ Pyrophoric ☐ Shock Sensitive
☐ Cyanides ☐ DOT Explosive
☐ Sulfides ☐ Other _____

- ☐ Gas (Cylinder) ☐ Solid _____ %
☐ Aerosol ☐ Sludges _____ %
☐ Lab-Pack ☒ Free Liquids 100% %

Layers ☒ Single Layered ☐ Bi-layered ☐ Multi-layeredViscosity ☒ Low ☐ Medium ☐ HighOdor ☐ None ☐ Mild ☒ Strong Describe: ACIDICColor/Appearance: RED

Weight
Density 10.0 lbs./gal.(US,liq) _____ lbs./cu. foot
Dry Weight ☒ < 1.0% ☐ 5-20%
☐ 1-5% ☐ 20-100%

pH ☐ N/A
☒ 0-2 ☐ 4.1-10 ☐ ≥ 12.5
☐ 2.1-4 ☐ 10 1-12.4 Exact _____

Flash Point (liquid only)
☐ < 73°F (23°C)
☐ 73-140°F (23-60°C)
☐ 142-200°F (61-93°C)
☐ > 200°F (93°C)
☐ Exact N/A

Boiling Point
☐ < 95°F (35°C)
☐ > 95°F (35°C)
☐ Exact N/A

BTU/LB.
> 5000**H. PHYSICAL/CHEMICAL CONSTITUENTS**ACETIC ACID 20-30% %CHROMIC ACID 10-15% %MAGNESIUM SULFATE 5-10% %WATER BALANCE %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

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_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

G. METALS☐ NONE ☐ TCLP (MG/L) ☒ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Barium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cadmium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chromium	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	<u>ABOVE</u>
Copper	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lead	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mercury	0.2 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Selenium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Silver	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Zinc	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Others:	_____	_____	_____	_____

Dermal Toxicity LD₅₀(Mg/Kg)☐ < 40 ☐ < 200, < 1000☐ > 40, < 200 ☒ > 10004. Material poisonous by inhalation? ☐ Yes ☒ No**Oral Toxicity LD₅₀(Mg/Kg)**☐ < 5 ☐ > 5, < 50Solids: ☐ > 50, < 200 ☐ > 200Liquids: ☐ > 50, < 500 ☒ > 5005. Is this waste stored in vented drums? ☐ Yes ☒ No6. Is this waste pumpable? ☒ Yes ☐ No7. Is this waste polymerizable? ☐ Yes ☒ No

8. Is waste stream subject to the National Emission

Standards for Benzene Waste Operations

(40 CFR 61 Subpart FF)? ☐ Yes ☒ No

9. Is this waste regulated as an ozone depleting

substance (40 CFR part 82)? ☐ Yes ☒ No

10. Does this waste contain scrap metal pieces

greater than 2 inches in size? ☐ Yes ☒ No**I. ANTICIPATED VOLUME**

Qty.	Container	Qty.	Container
<input type="checkbox"/>	5 gl. pail	<input type="checkbox"/>	Cubic Yard Box *
<input checked="" type="checkbox"/> 4.00	15 gl. carboy	<input type="checkbox"/>	Super Sack *
<input type="checkbox"/>	30 gl. drum	<input type="checkbox"/>	Roll-off/Dump Trailer *
<input type="checkbox"/>	55 gl. drum	<input type="checkbox"/>	Tanker *
<input type="checkbox"/>	85 gl. drum	<input type="checkbox"/>	Other _____

Per ☐ 1 Time ☐ Week ☐ Month☐ Year ☒ Other AN

(*) Is this waste regulated as a Marine Pollutant

(49 CFR 171.8)? ☐ Yes ☒ No**Generator's Certification:**

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature: [Signature]Date 6/2/96

L A I D L A W
ENVIRONMENTAL
SERVICES

TS-12 TIN STRINPER (79210)

UPMAC-0084

☐ New ☐ Amendment☐ LQG☐ SQG☐ CSQG**A. GENERATOR INFORMATION**Technical Contact **DELORES FERREL OR KEN KRAMMER**Generator Name **MACDERMID, INC.**Telephone(818) **240-2904**

EXT. _____

Facility Address _____

Fax(818) **240-4873****5439 SAN FERNANDO RD. WEST**Billing Name **MACDERMID, INC.**Billing Address **526 HUNTINGDON AVE**City/County **LOS ANGELES / CA-LOS ANGELES-4**State **CA**Zip Code **90039**City **WATERBURY**State **CT**Zip Code **06708**USEPA ID# **CAD010707222**Attention **CHERRIE GILLIS**State ID# **HAHQ36053550**Telephone(818) **240-2904**

EXT. _____

B. DOT Shipping Name Waste Corrosive liquids, n.o.s

Tech. Con. _____

Hazard Class **8** Zone _____ Label Req **CORROSIVE**UN/NA No. **UN1760** Packing Group **II** RQ _____**C. RCRA** RCRA Non Hazardous/Exempt? ☐ Yes ☒ No

Process Generating: _____

State Waste Codes: **791**EPA Waste Codes: **D002****D. ANNUAL REPORT CODES**SIC Code: **2 8 9 9**Source Code: **A 58**Form Code: **B 105**Origin Code **1**System Type: **M 141****E. OTHER COMPONENTS**

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ %

F. PHYSICAL CHARACTERISTICS AT 70° F

1. Infectious or Biological Waste? ☐ Yes ☒ No
2. NRC Regulated Radioactive? ☐ Yes ☒ No
3. Reactivity ☒ None ☐ Water Reactive
☐ Pyrophoric ☐ Shock Sensitive
☐ Cyanides ☐ DOT Explosive
☐ Sulfides ☐ Other _____

- ☐ Gas (Cylinder) ☐ Solid _____ %
☐ Aerosol ☐ Sludges _____ %
☐ Lab-Pack ☒ Free Liquids **100%** %

Layers
☒ Single Layered ☐ Bi-layered ☐ Multi-layeredViscosity
☒ Low ☐ Medium ☐ HighOdor
☐ None ☒ Mild ☐ Strong Describe: _____Color/Appearance:
YELLOWISH GREEN**Weight**Density **9.67** lbs./gal.(US,liq) _____ lbs./cu. footDry Weight ☒ <1.0% ☐ 5-20%☐ 1-5% ☐ 20-100%pH ☐ N/A☒ 0-2 ☐ 4.1-10 ☐ ≥12.5☐ 2.1-4 ☐ 10.1-12.4 Exact _____**Flash Point (liquid only)**☐ <73°F (23°C)☐ 73-140°F (23-60°C)☐ 142-200°F (61-93°C)☐ >200°F (93°C)☐ Exact N/A**Boiling Point**☐ <95°F (35°C)☐ >95°F (35°C)☐ Exact N/A**BTU/Lb.**

<5000

Dermal Toxicity LD₅₀(Mg/Kg)☐ <40 ☐ <200, <1000☐ >40, <200 ☒ >10004. Material poisonous by inhalation? ☐ Yes ☒ No**Oral Toxicity LD₅₀(Mg/Kg)**☐ <5 ☐ >5, <50Solids: ☐ >50, <200 ☐ >200Liquids: ☐ >50, <500 ☒ >5005. Is this waste stored in vented drums? ☐ Yes ☒ No6. Is this waste pumpable? ☒ Yes ☐ No7. Is this waste polymerizable? ☐ Yes ☒ No

8. Is waste stream subject to the National Emission

Standards for Benzene Waste Operations

(40 CFR 81 Subpart FF)? ☐ Yes ☒ No

9. Is this waste regulated as an ozone depleting

substance (40 CFR part 82)? ☐ Yes ☒ No

10. Does this waste contain scrap metal pieces

greater than 2 inches in size? ☐ Yes ☒ No**G. METALS**☒ NONE ☐ TCLP (MG/L) ☐ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Barium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cadmium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chromium	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Copper		<input type="checkbox"/>	<input type="checkbox"/>	_____
Lead	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mercury	0.2 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Selenium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Silver	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Zinc		<input type="checkbox"/>	<input type="checkbox"/>	_____
Others:				_____

H. PHYSICAL/CHEMICAL CONSTITUENTSSULFURIC ACID **12-18%** %NITRIC ACID **5-10%** %WATER **BALANCE%** %

_____ %

_____ %

_____ %

_____ %

_____ %

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_____ %

I. ANTICIPATED VOLUME

Qty.	Container	Qty.	Container
<input type="checkbox"/>	5 gl. pail	<input type="checkbox"/>	Cubic Yard Box*
<input type="checkbox"/>	15 gl. carboy	<input type="checkbox"/>	Super Sack*
<input type="checkbox"/>	30 gl. drum	<input type="checkbox"/>	Rolloff/Dump Trailer*
<input checked="" type="checkbox"/>	2.00 55 gl. drum	<input type="checkbox"/>	Tanker*
<input type="checkbox"/>	85 gl. drum	<input type="checkbox"/>	Other _____

Per ☐ 1 Time ☐ Week ☐ Month
☐ Year ☒ Other **AN**(*) Is this waste regulated as a Marine Pollutant
(49 CFR 171.8)? ☐ Yes ☒ No**Generator's Certification:**

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature: _____

Date **6/21/96**

LAI DLAW
ENVIRONMENTAL
SERVICES

M-79224 (79224)

UPMAC-0085

☐ New ☐ Amendment☐ LQG☐ SQG☐ CSQG**A. GENERATOR INFORMATION**Generator Name MACDERMID, INC.

Facility Address

5439 SAN FERNANDO RD. WESTCity/County LOS ANGELES / CA-LOS ANGELES-4State CAZip Code 90039USEPA ID# CAD010707222State ID# HAHQ36053550Technical Contact DELORES FERREL OR KEN KRAMMERTelephone(818) 240-2904

EXT. _____

Fax(818) 240-4873Billing Name MACDERMID, INC.Billing Address 526 HUNTINGDON AVECity WATERBURYState CT Zip Code 06708Attention CHERRIE GILLISTelephone(818) 240-2904

EXT. _____

B. DOT Shipping Name Waste sodium hydroxide, solution

Tech. Con. _____

Hazard Class 8 Zone _____ Label Req CORROSIVEUN/NA No. UN1824 Packing Group II RQ _____**C. RCRA** RCRA Non Hazardous/Exempt? ☐ Yes ☒ No Process Generating: _____State Waste Codes: _____ EPA Waste Codes: 122, D002**D. ANNUAL REPORT CODES**SIC Code: 2 8 9 9Source Code: A 58Form Code: B 110Origin Code ISystem Type. M 141**E. OTHER COMPONENTS**

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ %

F. PHYSICAL CHARACTERISTICS AT 70° F

1. Infectious or Biological Waste? ☐ Yes ☒ No
2. NRC Regulated Radioactive? ☐ Yes ☒ No
3. Reactivity ☒ None ☐ Water Reactive
☐ Pyrophoric ☐ Shock Sensitive
☐ Cyanides ☐ DOT Explosive
☐ Sulfides ☐ Other _____

WeightDensity 12.78 lbs./gal.(US,liq) _____ lbs./cu. footDry Weight ☒ <1 0% ☐ 5-20%☐ 1-5% ☐ 20-100%pH ☐ N/A☐ 0-2 ☐ 4.1-10 ☐ ≥ 12.5☐ 2.1-4 ☐ 10.1-12.4 Exact 14.00**Flash Point (liquid only)**☐ <73°F (23°C)☐ 73-140°F (23-60°C)☐ 142-200°F (61-93°C)☐ >200°F (93°C)☐ Exact N/A**Boiling Point**☐ <95°F (35°C)☐ >95°F (35°C)☐ Exact N/A**BTU/Lb.**

<5000

H. PHYSICAL/CHEMICAL CONSTITUENTS

SODIUM HYDROXIDE

40-50% %

WATER

BALANCE %

- ☐ Gas (Cylinder) ☐ Solid _____ %
☐ Aerosol ☐ Sludges _____ %
☐ Lab-Pack ☒ Free Liquids 100% %

Layers ☒ Single Layered ☐ Bi-layered ☐ Multi-layered**Viscosity**☒ Low ☐ Medium ☐ High**Odor**☒ None ☐ Mild ☐ Strong Describe: _____**Color/Appearance:**WHITE**G. METALS**☒ NONE ☐ TCLP (MG/L) ☐ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Barium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cadmium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chromium	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Copper		<input type="checkbox"/>	<input type="checkbox"/>	_____
Lead	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mercury	0.2 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Selenium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Silver	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Zinc		<input type="checkbox"/>	<input type="checkbox"/>	_____
Others:				_____

Dermal Toxicity LD₅₀(Mg/Kg)☐ ≤40 ☐ <200, ≤1000☐ >40, ≤200 ☒ >10004. Material poisonous by inhalation? ☐ Yes ☒ No**Oral Toxicity LD₅₀(Mg/Kg)**☐ ≤5 ☐ >5, ≤50Solids: ☐ >50, ≤200 ☐ >200Liquids: ☐ >50, ≤500 ☒ >5005. Is this waste stored in vented drums? ☐ Yes ☒ No6. Is this waste pumpable? ☒ Yes ☐ No7. Is this waste polymerizable? ☐ Yes ☒ No8. Is waste stream subject to the National Emission Standards for Benzene Waste Operations (40 CFR 61 Subpart FF)? ☐ Yes ☒ No9. Is this waste regulated as an ozone depleting substance (40 CFR part 82)? ☐ Yes ☒ No10. Does this waste contain scrap metal pieces greater than 2 inches in size? ☐ Yes ☒ No**I. ANTICIPATED VOLUME**

Qty.	Container	Qty.	Container
<input type="checkbox"/>	5 gal. pail	<input type="checkbox"/>	Cubic Yard Box*
<input type="checkbox"/>	15 gal. carboy	<input type="checkbox"/>	Super Sack*
<input type="checkbox"/>	30 gal. drum	<input type="checkbox"/>	Roll-off/Dump Trailer*
<input checked="" type="checkbox"/>	1.00 55 gal. drum	<input type="checkbox"/>	Tanker*
<input type="checkbox"/>	85 gal. drum	<input type="checkbox"/>	Other _____

Per ☐ 1 Time ☐ Week ☐ Month
☐ Year ☒ Other AN(*) Is this waste regulated as a Marine Pollutant (49 CFR 171.8)? ☐ Yes ☒ No

(Attach All MSDS, Sample Analysis and Additional Info.)

Generator's Certification:

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature: [Signature]Date 6/21/96

**LAW
ENVIRONMENTAL
SERVICES**

KESEAL PLUS (14439)

UPMAC-0086

☐ New ☐ Amendment☐ LQG☐ SQG☐ CSQG**A. GENERATOR INFORMATION**Generator Name MACDERMID, INC.

Facility Address

5439 SAN FERNANDO RD. WESTCity/County LOS ANGELES / CA-LOS ANGELES-4State CA Zip Code 90039USEPA ID# CAD010707222State ID# HAHQ36053550Technical Contact DELORES FERREL OR KEN KRAMMERTelephone(818) 240-2904 EXTFax(818) 240-4873Billing Name MACDERMID, INC.Billing Address 526 HUNTINGDON AVECity WATERBURYState CT Zip Code 06708Attention CHERRIE GILLISTelephone(818) 240-2904 EXT.**B. DOT Shipping Name** Waste chromic acid solution

Tech. Con.

Hazard Class 8 Zone Label Req CORROSIVEUN/NA No. UN1755 Packing Group II RQ 10**C. RCRA** RCRA Non Hazardous/Exempt? ☐ Yes ☒ No Process Generating.State Waste Codes: EPA Waste Codes: 723, 792, D002,D007**D. ANNUAL REPORT CODES**SIC Code: 2 8 9 9Source Code: A 5 8Form Code: B 1 0 5Origin Code LSystem Type: M 1 4 1**E. OTHER COMPONENTS**

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	%

F. PHYSICAL CHARACTERISTICS AT 70° F1. Infectious or Biological Waste? ☐ Yes ☒ No2. NRC Regulated Radioactive? ☐ Yes ☒ No3. Reactivity ☒ None ☐ Water Reactive☐ Pyrophoric ☐ Shock Sensitive☐ Cyanides ☐ DOT Explosive☐ Sulfides ☐ Other**Weight**

Density 11.2 lbs./gal (US liq) lbs./cu. foot

Dry Weight ☒ <1.0% ☐ 5-20%☐ 1-5% ☐ 20-100%pH ☐ N/A☒ 0-2 ☐ 4.1-10 ☐ ≥12.5☐ 2.1-4 ☐ 10 1-12.4 Exact**Flash Point (liquid only)**☐ <73°F (23°C)☐ 73-140°F (23-60°C)☐ 142-200°F (61-93°C)☐ >200°F (93°C)☐ Exact N/A**Boiling Point**☐ <95°F (35°C)☐ >95°F (35°C)☐ Exact N/A**BTU/Lb.**

<5000

Dermal Toxicity LD₅₀(Mg/Kg)☐ ≤40 ☐ <200, ≤1000☐ >40, ≤200 ☒ >10004. Material poisonous by inhalation? ☐ Yes ☒ No**Oral Toxicity LD₅₀(Mg/Kg)**☐ ≤5 ☐ >5, ≤50Solids: ☐ >50, ≤200 ☐ >200Liquids: ☐ >50, ≤500 ☒ >5005. Is this waste stored in vented drums? ☐ Yes ☒ No6. Is this waste pumpable? ☒ Yes ☐ No7. Is this waste polymerizable? ☐ Yes ☒ No

8. Is waste stream subject to the National Emission

Standards for Benzene Waste Operations

(40 CFR 61 Subpart FF)? ☐ Yes ☒ No

9. Is this waste regulated as an ozone depleting

substance (40 CFR part 82)? ☐ Yes ☒ No

10. Does this waste contain scrap metal pieces

greater than 2 inches in size? ☐ Yes ☒ No☐ Gas (Cylinder) ☐ Solid %☐ Aerosol ☐ Sludges %☐ Lab-Pack ☒ Free Liquids 100% %

100%

Layers ☒ Single Layered ☐ Bi-layered ☐ Multi-layered**Viscosity**☒ Low ☐ Medium ☐ High**Odor**☒ None ☐ Mild ☐ Strong Describe:**Color/Appearance:**

BROWN

G. METALS☐ NONE ☐ TCLP (MG/L) ☒ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Barium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Cadmium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Chromium	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	ABOVE
Copper		<input type="checkbox"/>	<input type="checkbox"/>	
Lead	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Mercury	0.2 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Selenium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Silver	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Zinc		<input type="checkbox"/>	<input type="checkbox"/>	
Others:				

H. PHYSICAL/CHEMICAL CONSTITUENTS

CHROMIC ACID 20-30% %

WATER BALANCE% %

% %

% %

% %

% %

% %

% %

% %

% %

% %

% %

% %

% %

% %

% %

% %

% %

% %

% %

% %

100 %

(Attach All MSDS, Sample Analysis and Additional Info.)

I. ANTICIPATED VOLUME

Qty	Container	Qty	Container
<input checked="" type="checkbox"/> 6.00	5 gal. pail	<input type="checkbox"/>	Cubic Yard Box*
<input type="checkbox"/>	15 gal. carboy	<input type="checkbox"/>	Super Sack*
<input type="checkbox"/>	30 gal. drum	<input type="checkbox"/>	Roll-off/Dump Trailer*
<input type="checkbox"/>	55 gal. drum	<input type="checkbox"/>	Tanker*
<input type="checkbox"/>	85 gal. drum	<input type="checkbox"/>	Other

Per ☐ 1 Time ☐ Week ☐ Month
☐ Year ☒ Other AN(*) Is this waste regulated as a Marine Pollutant
(49 CFR 171.8)? ☐ Yes ☒ No**Generator's Certification:**

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature: [Signature]Date 6/21/96

COLD STRIPPER 59 (14022)

UPMAC-0087

☐ New ☐ Amendment

☐ LQG

☐ SQG

☐ CSQG

A. GENERATOR INFORMATION

Generator Name MACDERMID, INC.

Facility Address

5439 SAN FERNANDO RD. WEST

City/County LOS ANGELES / CA-LOS ANGELES-4

State CA Zip Code 90039-

USEPA ID# CAD010707222

State ID# HAHQ36053550

Technical Contact DELORES FERREL OR KEN KRAMMER

Telephone(818) 240-2904

EXT. _____

Fax(818) 240-4873

Billing Name MACDERMID, INC.

Billing Address 526 HUNTINGDON AVE

City WATERBURY

State CT Zip Code 06708-

Attention CHERRIE GILLIS

Telephone(818) 240-2904

EXT. _____

B. DOT Shipping Name Waste Corrosive liquids, toxic, n.o.s.

Tech. Con. METHYLENE CHLORIDE, FORMIC ACID

Hazard Class 8 Zone _____ Label Req CORROSIVE, TOXIC

UN/NA No. UN2922 Packing Group II RQ _____

C. RCRA RCRA Non Hazardous/Exempt? ☐ Yes ☒ No

Process Generating: _____

Out of date Products

State Waste Codes: _____

EPA Waste Codes: 791, D002

D. ANNUAL REPORT CODES

SIC Code: 2 8 9 9

Source Code: A 58

Form Code: B 105

Origin Code 1

System Type: M 141

E. OTHER COMPONENTS

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ %

F. PHYSICAL CHARACTERISTICS AT 70° F

1. Infectious or Biological Waste? ☐ Yes ☒ No
2. NRC Regulated Radioactive? ☐ Yes ☒ No
3. Reactivity ☒ None ☐ Water Reactive
- ☐ Pyrophoric ☐ Shock Sensitive
- ☐ Cyanides ☐ DOT Explosive
- ☐ Sulfides ☐ Other _____

Weight

Density 9 lbs./gal.(US,liq) _____ lbs./cu. foot

Dry Weight ☒ <1.0% ☐ 5-20%

☐ 1-5% ☐ 20-100%

pH ☐ N/A

☐ 0-2 ☐ 4 1-10 ☐ ≥12.5

☐ 2.1-4 ☐ 10.1-12.4 Exact 2.00

Flash Point (Liquid only)

☐ <73°F (23°C)

☐ 73-140°F (23-60°C)

☐ 142-200°F (61-93°C)

☐ >200°F (93°C)

☐ Exact N/A

Boiling Point

☒ <95°F (35°C)

☐ >95°F (35°C)

☐ Exact _____

BTU/Lb.

>5000

Dermal Toxicity LD₅₀(Mg/Kg)

☐ ≤40 ☐ <200, ≤1000

☐ >40, ≤200 ☒ >1000

4. Material poisonous by inhalation? ☐ Yes ☒ No

Oral Toxicity LD₅₀(Mg/Kg)

☐ ≤5 ☐ >5, ≤50

Solids: ☐ >50, ≤200 ☐ >200

Liquids: ☐ >50, ≤500 ☒ >500

5. Is this waste stored in vented drums? ☐ Yes ☒ No

6. Is this waste pumpable? ☒ Yes ☐ No

7. Is this waste polymerizable? ☐ Yes ☒ No

8. Is waste stream subject to the National Emission Standards for Benzene Waste Operations (40 CFR 61 Subpart FF)? ☐ Yes ☒ No

9. Is this waste regulated as an ozone depleting substance (40 CFR part 82)? ☐ Yes ☒ No

10. Does this waste contain scrap metal pieces greater than 2 inches in size? ☐ Yes ☒ No

- ☐ Gas (Cylinder) ☐ Solid _____ %
- ☐ Aerosol ☐ Sludges _____ %
- ☐ Lab-Pack ☒ Free Liquids 100% %

Layers

☐ Single Layered ☒ Bi-layered ☐ Multi-layered

Viscosity

☐ Low ☐ Medium ☐ High

Odor

☐ None ☐ Mild ☒ Strong Describe: _____

Color/Appearance:

YELLOW

G. METALS

☒ NONE ☐ TCLP (MG/L) ☐ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Barium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cadmium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chromium	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Copper		<input type="checkbox"/>	<input type="checkbox"/>	_____
Lead	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mercury	0.2 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Selenium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Silver	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Zinc		<input type="checkbox"/>	<input type="checkbox"/>	_____
Others:				_____

H. PHYSICAL/CHEMICAL CONSTITUENTS

METHYLENE CHLORIDE 60-70% %

PHENOL 20-30% %

FORMIC ACID 10-15% %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

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_____ %

I. ANTICIPATED VOLUME

Qty.	Container	Qty.	Container
<input type="checkbox"/>	5 gal. pail	<input type="checkbox"/>	Cubic Yard Box*
<input checked="" type="checkbox"/>	2.00 15 gal. carboy	<input type="checkbox"/>	Super Sack*
<input type="checkbox"/>	30 gal. drum	<input type="checkbox"/>	Rolloff/Dump Trailer*
<input type="checkbox"/>	55 gal. drum	<input type="checkbox"/>	Tanker*
<input type="checkbox"/>	85 gal. drum	<input type="checkbox"/>	Other _____

Per ☐ 1 Time ☐ Week ☐ Month

☐ Year ☒ Other AN

(*) Is this waste regulated as a Marine Pollutant (49 CFR 171.8)? ☐ Yes ☒ No

(Attach All MSDS, Sample Analysis and Additional Info.)

Generator's Certification:

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature: [Signature]

Date 6/21/96



NAME OF WASTE STREAM

MATERIAL PROFILE NO.

MACUPREP 97B OXIDANT (12493)

UPMAC-0089

☐ New ☐ Amendment☐ LQG☐ SQG☐ CSQG**A. GENERATOR INFORMATION**Generator Name MACDERMID, INC.

Facility Address

5439 SAN FERNANDO RD. WESTCity/County LOS ANGELES / CA-LOS ANGELES-4State CAZip Code 90039USEPA ID# CAD010707222State ID# HAHQ36053550Technical Contact DELORES FERREL OR KEN KRAMMERTelephone(818) 240-2904

EXT. _____

Fax(818) 240-4873Billing Name MACDERMID, INC.Billing Address 526 HUNTINGDON AVECity WATERBURYState CTZip Code 06708Attention CHERRIE GILLISTelephone(818) 240-2904

EXT. _____

B. DOT Shipping Name Waste sodium chlorite solution

Tech. Con. _____

Hazard Class 8 Zone _____ Label Req CORROSIVEUN/NA No. UN1908 Packing Group II RQ _____**C. RCRA** RCRA Non Hazardous/Exempt? ☐ Yes ☒ No Process Generating: _____State Waste Codes: _____ EPA Waste Codes: 123, D002**D. ANNUAL REPORT CODES**SIC Code. 2 8 9 9Source Code: A 58Form Code: B 110Origin Code LSystem Type: M 141**E. OTHER COMPONENTS**

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ %

F. PHYSICAL CHARACTERISTICS AT 70° F

1. Infectious or Biological Waste? ☐ Yes ☒ No
2. NRC Regulated Radioactive? ☐ Yes ☒ No
3. Reactivity ☒ None ☐ Water Reactive
☐ Pyrophoric ☐ Shock Sensitive
☐ Cyanides ☐ DOT Explosive
☐ Sulfides ☐ Other _____

- ☐ Gas (Cylinder) ☐ Solid _____ %
☐ Aerosol ☐ Sludges _____ %
☐ Lab-Pack ☒ Free Liquids 100% %

Layers
☒ Single Layered ☐ Bi-layered ☐ Multi-layeredViscosity
☒ Low ☐ Medium ☐ HighOdor
☐ None ☒ Mild ☐ Strong Describe: _____Color/Appearance:
CLEAR/YELLOWISH**Weight**Density 10.76 lbs./gal.(US,liq) _____ lbs./cu. footDry Weight ☒ <1.0% ☐ 5-20%
☐ 1-5% ☐ 20-100%pH ☐ N/A ☐ 0-2 ☐ 4.1-10 ☐ ≥12.5
☐ 2.1-4 ☐ 10.1-12.4 Exact 10.1-12.**Flash Point (liquid only)**☐ <73°F (23°C) ☐ 73-140°F (23-60°C) ☐ 142-200°F (61-93°C) ☐ >200°F (93°C)
☐ Exact N/A**Boiling Point**☐ <95°F (35°C) ☐ >95°F (35°C)
☐ Exact N/A**BTU/Lb.**

<5000

Dermal Toxicity LD₅₀(Mg/Kg)☐ ≤40 ☐ <200, ≤1000
☐ >40, ≤200 ☒ >10004. Material poisonous by inhalation? ☐ Yes ☒ No**Oral Toxicity LD₅₀(Mg/Kg)**☐ ≤5 ☐ >5, ≤50
Solids: ☐ >50, ≤200 ☐ >200
Liquids: ☒ >50, ≤500 ☐ >5005. Is this waste stored in vented drums? ☐ Yes ☒ No6. Is this waste pumpable? ☒ Yes ☐ No7. Is this waste polymerizable? ☐ Yes ☒ No8. Is waste stream subject to the National Emission Standards for Benzene Waste Operations (40 CFR 61 Subpart FF)? ☐ Yes ☒ No9. Is this waste regulated as an ozone depleting substance (40 CFR part 82)? ☐ Yes ☒ No10. Does this waste contain scrap metal pieces greater than 2 inches in size? ☐ Yes ☒ No**G. METALS**☒ NONE ☐ TCLP (MG/L) ☐ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Barium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cadmium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chromium	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Copper		<input type="checkbox"/>	<input type="checkbox"/>	_____
Lead	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mercury	0.2 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Selenium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Silver	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Zinc		<input type="checkbox"/>	<input type="checkbox"/>	_____
Others:				_____

H. PHYSICAL/CHEMICAL CONSTITUENTSSODIUM CHLORITE 30-40% %WATER BALANCE %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

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_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

I. ANTICIPATED VOLUME

Qty.	Container	Qty.	Container
<input checked="" type="checkbox"/> 4.00	5 gl. pail	<input type="checkbox"/>	Cubic Yard Box*
<input type="checkbox"/>	15 gl. carboy	<input type="checkbox"/>	Super Sack*
<input type="checkbox"/>	30 gl. drum	<input type="checkbox"/>	Rolloff/Dump Trailer*
<input type="checkbox"/>	55 gl. drum	<input type="checkbox"/>	Tanker*
<input type="checkbox"/>	85 gl. drum	<input type="checkbox"/>	Other _____

Per ☐ 1 Time ☐ Week ☐ Month
☐ Year ☒ Other AN(*) Is this waste regulated as a Marine Pollutant (49 CFR 171.8)? ☐ Yes ☒ No

(Attach All MSDS, Sample Analyzers and Additional Info.)

Generator's Certification:

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature: _____

Date 6/21/96

NAME OF WASTE STREAM

MATERIAL PROFILE NO.

L A I D L A W
ENVIRONMENTAL
SERVICES

M-COPPER 85C (12442)

UPMAC-0091

☐ New ☐ Amendment☐ LQG☐ SQG☐ CSQG**A. GENERATOR INFORMATION**Generator Name MACDERMID, INC.

Facility Address

5439 SAN FERNANDO RD. WESTCity/County LOS ANGELES / CA-LOS ANGELES-4State CAZip Code 90039USEPA ID# CAD010707222State ID# HAHQ36053550Technical Contact DELORES FERREL OR KEN KRAMMERTelephone(818) 240-2904

EXT. _____

Fax(818) 240-4873Billing Name MACDERMID, INC.Billing Address 526 HUNTINGDON AVECity WATERBURYState CTZip Code 06708Attention CHERRIE GILLISTelephone(818) 240-2904

EXT. _____

B. DOT Shipping Name Waste sodium hydroxide, solution

Tech. Con. _____

Hazard Class 8 Zone _____ Label Req CORROSIVEUN/NA No. UN1824 Packing Group II RQ _____**C. RCRA** RCRA Non Hazardous/Exempt? ☐ Yes ☒ No Process Generating: _____Out of date ProductState Waste Codes: _____ EPA Waste Codes: 122, D002**D. ANNUAL REPORT CODES**SIC Code: 2 8 9 9Source Code: A 5 8Form Code: B 1 1 0Origin Code 1System Type: M 1 4 1**E. OTHER COMPONENTS**

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ %

F. PHYSICAL CHARACTERISTICS AT 70° F

1. Infectious or Biological Waste? ☐ Yes ☒ No
2. NRC Regulated Radioactive? ☐ Yes ☒ No
3. Reactivity ☒ None ☐ Water Reactive
☐ Pyrophoric ☐ Shock Sensitive
☐ Cyanides ☐ DOT Explosive
☐ Sulfides ☐ Other _____

- ☐ Gas (Cylinder) ☐ Solid _____ %
☐ Aerosol ☐ Sludges _____ %
☐ Lab-Pack ☒ Free Liquids 100% %

Layers
☒ Single Layered ☐ Bi-layered ☐ Multi-layeredViscosity
☒ Low ☐ Medium ☐ HighOdor
☒ None ☐ Mild ☐ Strong Describe: _____Color/Appearance:
WHITE**G. METALS**☒ NONE ☐ TCLP (MG/L) ☐ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Barium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cadmium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chromium	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Copper		<input type="checkbox"/>	<input type="checkbox"/>	_____
Lead	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mercury	0.2 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Selenium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Silver	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Zinc		<input type="checkbox"/>	<input type="checkbox"/>	_____
Others:				_____

Weight
Density 10.5 lbs./gal.(US,liq) _____ lbs./cu. foot
Dry Weight ☒ <1.0% ☐ 5-20%
☐ 1-5% ☐ 20-100%

pH ☐ N/A
☐ 0-2 ☐ 4.1-10 ☒ ≥12.5
☐ 2.1-4 ☐ 10.1-12.4 Exact _____

Flash Point (liquid only)
☐ < 73°F (23°C) ☐ Boiling Point
☐ 73-140°F (23-60°C) ☐ < 95°F (35°C)
☐ 142-200°F (61-93°C) ☒ > 95°F (35°C)
☒ > 200°F (93°C) ☐ Exact _____
☐ Exact _____

BTU/Lb.
<5000**H. PHYSICAL/CHEMICAL CONSTITUENTS**SODIUM HYDROXIDE 20-30% %WATER BALANCE %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

100 %

(Attach All MSDS, Sample Analysis and Additional Info.)

Dermal Toxicity LD₅₀(Mg/Kg)
☐ ≤40 ☐ <200, ≤1000
☐ >40, ≤200 ☒ >1000

4. Material poisonous by inhalation? ☐ Yes ☒ No

Oral Toxicity LD₅₀(Mg/Kg)
☐ ≤5 ☐ >5, ≤50
Solids: ☐ >50, ≤200 ☐ >200
Liquids: ☐ >50, ≤500 ☒ >500

5. Is this waste stored in vented drums? ☐ Yes ☒ No6. Is this waste pumpable? ☒ Yes ☐ No7. Is this waste polymerizable? ☐ Yes ☒ No8. Is waste stream subject to the National Emission Standards for Benzene Waste Operations (40 CFR 61 Subpart FF)? ☐ Yes ☒ No9. Is this waste regulated as an ozone depleting substance (40 CFR part 82)? ☐ Yes ☒ No10. Does this waste contain scrap metal pieces greater than 2 inches in size? ☐ Yes ☒ No**I. ANTICIPATED VOLUME**

Qty.	Container	Qty.	Container
<input checked="" type="checkbox"/> 2.00	5 gal. pail	<input type="checkbox"/>	Cubic Yard Box*
<input type="checkbox"/>	15 gal. carboy	<input type="checkbox"/>	Super Sack*
<input type="checkbox"/>	30 gal. drum	<input type="checkbox"/>	Rolloff/Dump Trailer*
<input type="checkbox"/>	55 gal. drum	<input type="checkbox"/>	Tanker*
<input type="checkbox"/>	85 gal. drum	<input type="checkbox"/>	Other _____

Per ☐ 1 Time ☐ Week ☐ Month
☐ Year ☒ Other AN

(*) Is this waste regulated as a Marine Pollutant (49 CFR 171.8)? ☐ Yes ☒ No

Generator's Certification:

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature: _____

Date 6/21/96

NAME OF WASTE STREAM

MATERIAL PROFILE NO.



MACU PREP ETCH G-4 (19257)

UPMAC-0093

☐ New ☐ Amendment☐ LQG☐ SQG☐ CSQG**A. GENERATOR INFORMATION**Generator Name MACDERMID, INC.

Facility Address

5439 SAN FERNANDO RD. WESTCity/County LOS ANGELES / CA-LOS ANGELES-4State CAZip Code 90039USEPA ID# CAD010707222State ID# HAHQ36053550Technical Contact DELORES FERREL OR KEN KRAMMERTelephone(818) 240-2904

EXT. _____

Fax(818) 240-4873Billing Name MACDERMID, INC.Billing Address 526 HUNTINGDON AVECity WATERBURYState CTZip Code 06708Attention CHERRIE GILLISTelephone(818) 240-2904

EXT. _____

B. DOT Shipping Name Waste oxidizing substances, solid, n.o.s.Tech. Con. POTASSIUM PERSULFATEHazard Class 5.1 Zone _____ Label Req OXIDIZERUN/NA No. UN1479 Packing Group III RQ _____**C. RCRA** RCRA Non Hazardous/Exempt? ☐ Yes ☒ No

Process Generating: _____

State Waste Codes: _____ EPA Waste Codes: 181, D001**D. ANNUAL REPORT CODES**SIC Code: 2 8 9 9Source Code: A 5 BForm Code: B 3 1 9Origin Code 1System Type: M 1 4 1**E. OTHER COMPONENTS**

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ %

F. PHYSICAL CHARACTERISTICS AT 70° F

1. Infectious or Biological Waste? ☐ Yes ☒ No
2. NRC Regulated Radioactive? ☐ Yes ☒ No
3. Reactivity ☐ None ☐ Water Reactive
☐ Pyrophoric ☐ Shock Sensitive
☐ Cyanides ☐ DOT Explosive
☐ Sulfides ☒ Other ORGANICS

☐ Gas (Cylinder) ☒ Solid 100% %
☐ Aerosol ☐ Sludges _____ %
☐ Lab-Pack ☐ Free Liquids _____ %
100%

Layers
☐ Single Layered ☐ Bi-layered ☐ Multi-layered

Viscosity
☐ Low ☐ Medium ☐ High

Odor
☐ None ☒ Mild ☐ Strong Describe: ACRID

Color/Appearance:
WHITE

WeightDensity _____ lbs./gal.(US,liq) 70 lbs./cu. footDry Weight ☐ <1.0% ☐ 5-20%☐ 1-5% ☒ 20-100%pH ☒ N/A☐ 0-2 ☐ 4.1-10 ☐ ≥12.5☐ 2.1-4 ☐ 10.1-12.4 Exact _____**Flash Point (liquid only)**☐ <73°F (23°C)☐ 73-140°F (23-60°C)☐ 142-200°F (61-93°C)☐ >200°F (93°C)☐ Exact N/A**Boiling Point**☐ <95°F (35°C)☐ >95°F (35°C)☐ Exact N/A**BTU/Lb.**<5000**H. PHYSICAL/CHEMICAL CONSTITUENTS**POTASSIUM PERSULFATE80-95% %INERT MATERIALBALANCE %**G. METALS**☒ NONE ☐ TCLP (MG/L) ☐ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Barium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cadmium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chromium	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Copper		<input type="checkbox"/>	<input type="checkbox"/>	_____
Lead	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mercury	0.2 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Selenium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Silver	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Zinc		<input type="checkbox"/>	<input type="checkbox"/>	_____
Others:				_____

Dermal Toxicity LD₅₀(Mg/Kg)☐ ≤40 ☐ <200, ≤1000☐ >40, ≤200 ☒ >10004. Material poisonous by inhalation? ☐ Yes ☒ No**Oral Toxicity LD₅₀(Mg/Kg)**☐ ≤5 ☐ >5, ≤50Solids: ☐ >50, ≤200 ☐ >200Liquids: ☐ >50, ≤500 ☐ >5005. Is this waste stored in vented drums? ☐ Yes ☒ No6. Is this waste pumpable? ☐ Yes ☒ No7. Is this waste polymerizable? ☐ Yes ☒ No8. Is waste stream subject to the National Emission Standards for Benzene Waste Operations (40 CFR 61 Subpart FF)? ☐ Yes ☒ No9. Is this waste regulated as an ozone depleting substance (40 CFR part 82)? ☐ Yes ☒ No10. Does this waste contain scrap metal pieces greater than 2 inches in size? ☐ Yes ☒ No**I. ANTICIPATED VOLUME**

Qty.	Container	Qty.	Container
<input type="checkbox"/>	5 gal. pail	<input type="checkbox"/>	Cubic Yard Box*
<input type="checkbox"/>	15 gal. carboy	<input type="checkbox"/>	Super Sack*
<input type="checkbox"/>	30 gal. drum	<input type="checkbox"/>	Rolloff/Dump Trailer*
<input type="checkbox"/>	55 gal. drum	<input type="checkbox"/>	Tanker*
<input type="checkbox"/>	85 gal. drum	<input checked="" type="checkbox"/>	300.00 Other P

Per ☐ 1 Time ☐ Week ☐ Month
☐ Year ☒ Other AN

(*) Is this waste regulated as a Marine Pollutant (49 CFR 171.8)? ☐ Yes ☒ No

(Attach All MSDS, Sample Analysis and Additional Info.)

Generator's Certification:

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature: [Signature]Date 6/21/96



MACUDEP CU 460 A (19545)

UPMAC-0094

☐ New ☐ Amendment☐ LQG☐ SQG☐ CSQG**A. GENERATOR INFORMATION**Generator Name MACDERMID, INC.

Facility Address

5439 SAN FERNANDO RD. WESTCity/County LOS ANGELES / CA-LOS ANGELES-4State CAZip Code 90039USEPA ID# CAD010707222State ID# HAHQ36053550Technical Contact DELORES FERREL OR KEN KRAMMERTelephone(818) 240-2904

EXT. _____

Fax(818) 240-4873Billing Name MACDERMID, INC.Billing Address 526 HUNTINGDON AVECity WATERBURYState CTZip Code 06708Attention CHERRIE GILLISTelephone(818) 240-2904

EXT. _____

B. DOT Shipping Name Waste Corrosive liquids, n.o.s.Tech. Con. COPPER SULFATE, FORMALDEHYDEHazard Class 8 Zone _____ Label Req CORROSIVEUN/NA No. UN1760 Packing Group II RQ _____**C. RCRA** RCRA Non Hazardous/Exempt? ☐ Yes ☒ No Process Generating: _____Out of date ProductState Waste Codes: _____ EPA Waste Codes: 791, D002**D. ANNUAL REPORT CODES**SIC Code: 2 8 9 9Source Code: A 58Form Code: B 105Origin Code: 1System Type: M 141**E. OTHER COMPONENTS**

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ %

F. PHYSICAL CHARACTERISTICS AT 70° F

1. Infectious or Biological Waste? ☐ Yes ☒ No
2. NRC Regulated Radioactive? ☐ Yes ☒ No
3. Reactivity ☒ None ☐ Water Reactive
- ☐ Pyrophoric ☐ Shock Sensitive
- ☐ Cyanides ☐ DOT Explosive
- ☐ Sulfides ☐ Other _____

WeightDensity 9.4 lbs./gal.(US.liq) _____ lbs./cu. footDry Weight ☒ <1.0% ☐ 5-20%☐ 1-5% ☐ 20-100%pH ☐ N/A☐ 0-2 ☐ 4.1-10 ☐ ≥12.5☐ 2.1-4 ☐ 10.1-12.4 Exact 2.00**Flash Point (liquid only)**☐ <73°F (23°C)☐ 73-140°F (23-60°C)☐ 142-200°F (61-93°C)☐ >200°F (93°C)☐ Exact N/A**Boiling Point**☐ <95°F (35°C)☐ >95°F (35°C)☐ Exact N/A**BTU/Lb.**>5000**H. PHYSICAL/CHEMICAL CONSTITUENTS**COPPER SULFATE 5-10% %FORMALDEHYDE 4-8% %METHANOL 2-5% %WATER BALANCE %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

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_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

(Attach All MSDS, Sample Analysis and Additional Info.)

Dermal Toxicity LD₅₀(Mg/Kg)☐ ≤40 ☐ <200, ≤1000☐ >40, ≤200 ☒ >10004. Material poisonous by inhalation? ☐ Yes ☒ No**Oral Toxicity LD₅₀(Mg/Kg)**☐ ≤5 ☐ >5, ≤50Solids: ☐ >50, ≤200 ☐ >200Liquids: ☐ >50, ≤500 ☒ >5005. Is this waste stored in vented drums? ☐ Yes ☒ No6. Is this waste pumpable? ☒ Yes ☐ No7. Is this waste polymerizable? ☐ Yes ☒ No8. Is waste stream subject to the National Emission Standards for Benzene Waste Operations (40 CFR 61 Subpart FF)? ☐ Yes ☒ No9. Is this waste regulated as an ozone depleting substance (40 CFR part 82)? ☐ Yes ☒ No10. Does this waste contain scrap metal pieces greater than 2 inches in size? ☐ Yes ☒ No**I. ANTICIPATED VOLUME**

Qty. Container Qty. Container

☒ 9.00 5 gl. pail ☐ _____ Cubic Yard Box*☐ _____ 15 gl. carboy ☐ _____ Super Sack*☐ _____ 30 gl. drum ☐ _____ Rolloff/Dump Trailer*☐ _____ 55 gl. drum ☐ _____ Tanker*☐ _____ 85 gl. drum ☐ _____ Other _____Per ☐ 1 Time ☐ Week ☐ Month☐ Year ☒ Other AN(**) Is this waste regulated as a Marine Pollutant (49 CFR 171.8)? ☐ Yes ☒ No**G. METALS**☐ NONE ☐ TCLP (MG/L) ☒ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Barium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cadmium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chromium	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Copper		<input type="checkbox"/>	<input type="checkbox"/>	ABOVE
Lead	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mercury	0.2 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Selenium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Silver	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Zinc		<input type="checkbox"/>	<input type="checkbox"/>	_____
Others:				_____

Generator's Certification:

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature: [Signature]Date 6/21/96



NAME OF WASTE STREAM

MATERIAL PROFILE NO.

PC 401-M GREEN (75176)

UPMAC-0095

☐ New ☐ Amendment☐ LQG☐ SQG☐ CSQG**A. GENERATOR INFORMATION**Generator Name MACDERMID, INC.

Facility Address

5439 SAN FERNANDO RD. WESTCity/County LOS ANGELES / CA-LOS ANGELES-4State CAZip Code 90039USEPA ID# CAD010707222State ID# HAHQ36053550Technical Contact DELORES FERREL OR KEN KRAMMERTelephone(818) 240-2904

EXT. _____

Fax(818) 240-4873Billing Name MACDERMID, INC.Billing Address 526 HUNTINGDON AVECity WATERBURYState CTZip Code 06708Attention CHERRIE GILLISTelephone(818) 240-2904

EXT. _____

B. DOT Shipping Name Combustible liquid, n.o.s.Tech. Con. GLYCOL ETHERS, EPOXY RESINSHazard Class COMB Zone _____ Label Req NONEUN/NA No. NA1993 Packing Group III RQ _____**C. RCRA** RCRA Non Hazardous/Exempt? ☐ Yes ☒ No Process Generating: _____State Waste Codes: _____ EPA Waste Codes: 133**D. ANNUAL REPORT CODES**SIC Code: 2 8 9 9Source Code: A RForm Code: B NOrigin Code: iSystem Type: M 141**E. OTHER COMPONENTS**

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ %

F. PHYSICAL CHARACTERISTICS AT 70° F

1. Infectious or Biological Waste? ☐ Yes ☒ No
2. NRC Regulated Radioactive? ☐ Yes ☒ No
3. Reactivity ☒ None ☐ Water Reactive
☐ Pyrophoric ☐ Shock Sensitive
☐ Cyanides ☐ DOT Explosive
☐ Sulfides ☐ Other _____

- ☐ Gas (Cylinder) ☐ Solid _____ %
☐ Aerosol ☐ Sludges _____ %
☐ Lab-Pack ☒ Free Liquids 100% %
100%

Layers
☒ Single Layered ☐ Bi-layered ☐ Multi-layeredViscosity
☒ Low ☐ Medium ☐ HighOdor
☐ None ☒ Mild ☐ Strong Describe: _____Color/Appearance:
GREEN**G. METALS**☒ NONE ☐ TCLP (MG/L) ☐ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Barium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cadmium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chromium	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Copper	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lead	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mercury	0.2 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Selenium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Silver	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Zinc	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Others:	_____	_____	_____	_____

Weight
Density 8.2 lbs./gal.(US,liq) _____ lbs./cu. foot
Dry Weight ☒ <1.0% ☐ 5-20%
☐ 1-5% ☐ 20-100%

pH ☒ N/A
☐ 0-2 ☐ 4.1-10 ☐ ≥12.5
☐ 2.1-4 ☐ 10.1-12.4 Exact _____

Flash Point (liquid only)
☐ <73°F (23°C)
☐ 73-140°F (23-60°C)
☒ 142-200°F (61-93°C)
☐ >200°F (93°C)
☐ Exact _____

Boiling Point
☐ <95°F (35°C)
☐ >95°F (35°C)
☐ Exact N/A

BTU/LB.
>5000**H. PHYSICAL/CHEMICAL CONSTITUENTS**GLYCOL ETHERS 25-40% %ETHYLENE GLYCOL 2-6% %AMORPHOUS SILICA 4-10% %EPOXY RESIN 45-55% %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

100 %

(Attach All MSDS, Sample Analysis and Additional Info.)

Dermal Toxicity LD₅₀(Mg/Kg)☐ <40 ☐ <200, <1000
☐ >40, <200 ☒ >10004. Material poisonous by inhalation? ☐ Yes ☒ No**Oral Toxicity LD₅₀(Mg/Kg)**☐ <5 ☐ >5, <50
Solids: ☐ >50, <200 ☐ >200
Liquids: ☐ >50, <500 ☒ >5005. Is this waste stored in vented drums? ☐ Yes ☒ No6. Is this waste pumpable? ☒ Yes ☐ No7. Is this waste polymerizable? ☐ Yes ☒ No8. Is waste stream subject to the National Emission Standards for Benzene Waste Operations (40 CFR 61 Subpart FF)? ☐ Yes ☒ No9. Is this waste regulated as an ozone depleting substance (40 CFR part 82)? ☐ Yes ☒ No10. Does this waste contain scrap metal pieces greater than 2 inches in size? ☐ Yes ☒ No**I. ANTICIPATED VOLUME**

Qty.	Container	Qty.	Container
------	-----------	------	-----------

☐ 5 gl. pail ☐ Cubic Yard Box*☐ 15 gl. carboy ☐ Super Sack*☐ 30 gl. drum ☐ Rolloff/Dump Trailer*☐ 55 gl. drum ☐ Tanker*☐ 85 gl. drum ☒ 10.00 Other ORPer ☐ 1 Time ☐ Week ☐ Month☐ Year ☒ Other AN(*) Is this waste regulated as a Marine Pollutant (49 CFR 171.8)? ☐ Yes ☒ No**Generator's Certification:**

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature: [Signature]Date 6/21/96

PC 501 GREEN (75174)

UPMAC-0096

☐ New ☐ Amendment☐ LQG☐ SQG☐ CSQG

A. GENERATOR INFORMATION

Generator Name MACDERMID, INC.

Facility Address _____

5439 SAN FERNANDO RD. WESTCity/County LOS ANGELES / CA-LOS ANGELES-4State CAZip Code 90039-USEPA ID# CAD010707222State ID# HAHQ36053550Technical Contact DELORES FERREL OR KEN KRAMMERTelephone(818) 240-2904

EXT. _____

Fax(818) 240-4873Billing Name MACDERMID, INC.Billing Address 526 HUNTINGDON AVECity WATERBURYState CTZip Code 06708-Attention CHERRIE GILLISTelephone(818) 240-2904

EXT. _____

B. DOT Shipping Name Combustible liquid, n.o.s.Tech. Con. EPOXY RESIN, GLYCOL ETHERHazard Class COMB Zone _____ Label Req NONEUN/NA No. NA1993 Packing Group III RQ _____C. RCRA RCRA Non Hazardous/Exempt? ☐ Yes ☒ No

Process Generating: _____

State Waste Codes: _____

EPA Waste Codes: 343

D. ANNUAL REPORT CODES

SIC Code: 2 8 9 9Source Code: A BRForm Code: B NROrigin Code ISystem Type: M 141

E. OTHER COMPONENTS

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ %

F. PHYSICAL CHARACTERISTICS AT 70° F

1. Infectious or Biological Waste? ☐ Yes ☒ No
2. NRC Regulated Radioactive? ☐ Yes ☒ No
3. Reactivity ☒ None ☐ Water Reactive
☐ Pyrophoric ☐ Shock Sensitive
☐ Cyanides ☐ DOT Explosive
☐ Sulfides ☐ Other _____

- ☐ Gas (Cylinder) ☐ Solid _____ %
☐ Aerosol ☐ Sludges _____ %
☐ Lab-Pack ☒ Free Liquids 100% %

Layers
☐ Single Layered ☐ Bi-layered ☐ Multi-layeredViscosity
☐ Low ☐ Medium ☐ HighOdor
☐ None ☒ Mild ☐ Strong Describe: _____Color/Appearance:
GREEN

Weight

Density 9.4 lbs./gal.(US,liq) _____ lbs./cu. footDry Weight ☒ < 1.0% ☐ 5-20%☐ 1-5% ☐ 20-100%pH ☒ N/A☐ 0-2 ☐ 4.1-10 ☐ ≥ 12.5☐ 2.1-4 ☐ 10.1-12.4 Exact _____

Flash Point (liquid only)

☐ < 73°F (23°C)☐ 73-140°F (23-60°C)☒ 142-200°F (61-93°C)☐ > 200°F (93°C)☐ Exact _____

Boiling Point

☐ < 95°F (35°C)☒ > 95°F (35°C)☐ Exact _____

BTU/Lb.

> 5000

H. PHYSICAL/CHEMICAL CONSTITUENTS

AMORPHOUS SILICA 4-10% %EPOXY RESIN 45-55% %GLYCOL ETHER 25-40% %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

100 %

(Attach All MSDS, Sample Analysis and Additional Info.)

Dermal Toxicity LD₅₀(Mg/Kg)☐ ≤ 40 ☐ < 200, ≤ 1000☐ > 40, ≤ 200 ☒ > 10004. Material poisonous by inhalation? ☐ Yes ☒ NoOral Toxicity LD₅₀(Mg/Kg)☐ ≤ 5 ☐ > 5, ≤ 50Solids: ☐ > 50, ≤ 200 ☐ > 200Liquids: ☐ > 50, ≤ 500 ☒ > 5005. Is this waste stored in vented drums? ☐ Yes ☒ No6. Is this waste pumpable? ☒ Yes ☐ No7. Is this waste polymerizable? ☐ Yes ☒ No

8. Is waste stream subject to the National Emission

Standards for Benzene Waste Operations

(40 CFR 81 Subpart FF)? ☐ Yes ☒ No

9. Is this waste regulated as an ozone depleting

substance (40 CFR part 82)? ☐ Yes ☒ No

10. Does this waste contain scrap metal pieces

greater than 2 inches in size? ☐ Yes ☒ No

I. ANTICIPATED VOLUME

Qty.	Container	Qty.	Container
------	-----------	------	-----------

☐ _____ 5 gal. pail ☐ _____ Cubic Yard Box*☐ _____ 15 gal. carboy ☐ _____ Super Sack*☐ _____ 30 gal. drum ☐ _____ Rolloff/Dump Trailer*☐ _____ 55 gal. drum ☐ _____ Tanker*☐ _____ 85 gal. drum ☒ 2.00 Other DRPer ☐ 1 Time ☐ Week ☐ Month☐ Year ☒ Other AN(*) Is this waste regulated as a Marine Pollutant
(49 CFR 171.8)? ☐ Yes ☒ No

Generator's Certification:

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature: _____

Date

6/21/96

MACU SPEC(TM) 9241 ACID COPPER

UPMAC-0097

☐ New ☐ Amendment

☐ LQG

☐ SQG

☐ CSQG

A. GENERATOR INFORMATION

Technical Contact DELORES FERREL OR KEN KRAMMER

Generator Name MACDERMID, INC.

Telephone(818) 240-2904

EXT. _____

Facility Address _____

Fax(818) 240-4873

5439 SAN FERNANDO RD. WEST

Billing Name MACDERMID, INC.

Billing Address 526 HUNTINGDON AVE

City/County LOS ANGELES / CA-LOS ANGELES-4

State CA

Zip Code 90039

City WATERBURY

State CT

Zip Code 06708

USEPA ID# CAD010707222

Attention CHERRIE GILLIS

State ID# HAHQ36053550

Telephone(818) 240-2904

EXT. _____

B. DOT Shipping Name Waste Corrosive liquids, n.o.s.

Tech. Con. ACID COPPER

Hazard Class 8 Zone _____ Label Req CORROSIVE

UN/NA No. UN1760 Packing Group II RQ _____

C. RCRA RCRA Non Hazardous/Exempt? ☐ Yes ☒ No Process Generating: _____

State Waste Codes: _____ EPA Waste Codes: 792, D002

D. ANNUAL REPORT CODES

SIC Code: 2 8 9 9

Source Code: A 5 B

Form Code: B 1 0 5

Origin Code 1

System Type: M 1 4 1

E. OTHER COMPONENTS

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ %

F. PHYSICAL CHARACTERISTICS AT 70° F

1. Infectious or Biological Waste? ☐ Yes ☒ No
2. NRC Regulated Radioactive? ☐ Yes ☒ No
3. Reactivity ☒ None ☐ Water Reactive
- ☐ Pyrophoric ☐ Shock Sensitive
- ☐ Cyanides ☐ DOT Explosive
- ☐ Sulfides ☐ Other _____

Weight

Density 8.45 lbs./gal.(US.liq) _____ lbs./cu. foot

Dry Weight ☒ <1.0% ☐ 5-20%

☐ 1-5% ☐ 20-100%

pH ☐ N/A

☒ 0-2 ☐ 4 1-10 ☐ ≥12.5

☐ 2.1-4 ☐ 10 1-12.4 Exact _____

Flash Point (liquid only)

☐ < 73°F (23°C)

☐ 73-140°F (23-60°C)

☐ 142-200°F (61-93°C)

☐ > 200°F (93°C)

☐ Exact N/A

Boiling Point

☐ < 95°F (35°C)

☐ > 95°F (35°C)

☐ Exact N/A

BTU/LB.

<5000

Dermal Toxicity LD₅₀(Mg/Kg)

☐ ≤40 ☐ <200, ≤1000

☐ >40, ≤200 ☒ >1000

4. Material poisonous by inhalation? ☐ Yes ☒ No

Oral Toxicity LD₅₀(Mg/Kg)

☐ ≤5 ☐ >5, ≤50

Solids: ☐ >50, ≤200 ☐ >200

Liquids: ☐ >50, ≤500 ☒ >500

5. Is this waste stored in vented drums? ☐ Yes ☒ No

6. Is this waste pumpable? ☒ Yes ☐ No

7. Is this waste polymerizable? ☐ Yes ☒ No

8. Is waste stream subject to the National Emission Standards for Benzene Waste Operations (40 CFR 61 Subpart FF)? ☐ Yes ☒ No

9. Is this waste regulated as an ozone depleting substance (40 CFR part 82)? ☐ Yes ☒ No

10. Does this waste contain scrap metal pieces greater than 2 inches in size? ☐ Yes ☒ No

- ☐ Gas (Cylinder) ☐ Solid _____ %
- ☐ Aerosol ☐ Sludges _____ %
- ☐ Lab-Pack ☒ Free Liquids 100% %

Layers ☒ Single Layered ☐ Bi-layered ☐ Multi-layered

Viscosity ☐ Low ☐ Medium ☐ High

Odor ☐ None ☒ Mild ☐ Strong Describe: _____

Color/Appearance: CLEAR TO SLIGHTLY YELLOW

G. METALS

☐ NONE ☐ TCLP (MG/L) ☒ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Barium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cadmium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chromium	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Copper		<input type="checkbox"/>	<input type="checkbox"/>	<u>ABOVE</u>
Lead	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mercury	0.2 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Selenium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Silver	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Zinc		<input type="checkbox"/>	<input type="checkbox"/>	_____
Others:				_____

H. PHYSICAL/CHEMICAL CONSTITUENTS

ACID COPPER 5-10% %

FORMALDEHYDE 0.1-0.2% %

WATER BALANCE %

I. ANTICIPATED VOLUME

Qty.	Container	Qty.	Container
<input type="checkbox"/>	5 gl. pail	<input type="checkbox"/>	Cubic Yard Box*
<input type="checkbox"/>	15 gl. carboy	<input type="checkbox"/>	Super Sack*
<input type="checkbox"/>	30 gl. drum	<input type="checkbox"/>	Rolloff/Dump Trailer*
<input type="checkbox"/>	55 gl. drum	<input type="checkbox"/>	Tanker*
<input type="checkbox"/>	85 gl. drum	<input checked="" type="checkbox"/>	<u>5.00</u> Other <u>PL</u>

Per ☐ 1 Time ☐ Week ☐ Month

☐ Year ☒ Other AN

(*) Is this waste regulated as a Marine Pollutant (49 CFR 171.8)? ☐ Yes ☒ No

(Attach All MSDS, Sample Analysis and Additional Info.)

Generator's Certification:

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature: _____

Date 6/21/96

ENTERED
6/27/96

NAME OF WASTE STREAM

MATERIAL PROFILE NO.



CUMAC BARREL STARTER (18715)

UPMAC-0098

☐ New ☐ Amendment☐ LQG☐ SQG☐ CSQG**A. GENERATOR INFORMATION**Generator Name MACDERMID, INC.

Facility Address _____

5439 SAN FERNANDO RD. WESTCity/County LOS ANGELES / CA-LOS ANGELES-4State CAZip Code 90039USEPA ID# CAD010707222State ID# HAHQ36053550Technical Contact DELORES FERREL OR KEN KRAMMERTelephone(818) 240-2904

EXT. _____

Fax(818) 240-4873Billing Name MACDERMID, INC.Billing Address 526 HUNTINGDON AVECity WATERBURYState CTZip Code 06708Attention CHERRIE GILLISTelephone(818) 240-2904

EXT. _____

B. DOT Shipping Name WASTE CORROSIVE LIQUIDS, N.O.S.Tech. Con. SULFURIC ACIDHazard Class 8 Zone _____ Label Req CORROSIVEUN/NA No. UN1760 Packing Group II RQ _____**C. RCRA** RCRA Non Hazardous/Exempt? ☐ Yes ☒ No Process Generating: _____out of date ProductState Waste Codes: _____ EPA Waste Codes: 791, D002**D. ANNUAL REPORT CODES**SIC Code: 2 8 9 9Source Code: A 58Form Code: B 105Origin Code: LSystem Type: M 141**E. OTHER COMPONENTS**

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ %

F. PHYSICAL CHARACTERISTICS AT 70° F

1. Infectious or Biological Waste? ☐ Yes ☒ No
2. NRC Regulated Radioactive? ☐ Yes ☒ No
3. Reactivity ☒ None ☐ Water Reactive
☐ Pyrophoric ☐ Shock Sensitive
☐ Cyanides ☐ DOT Explosive
☐ Sulfides ☐ Other _____

- ☐ Gas (Cylinder) ☐ Solid _____ %
☐ Aerosol ☐ Sludges _____ %
☐ Lab-Pack ☒ Free Liquids 100% %

Layers
☒ Single Layered ☐ Bi-layered ☐ Multi-layeredViscosity
☒ Low ☐ Medium ☐ HighOdor
☒ None ☐ Mild ☐ Strong Describe _____Color/Appearance:
YELLOW/BROWNWeight
Density 8.5 lbs./gal.(US,liq) _____ lbs./cu. footDry Weight ☒ <1.0% ☐ 5-20%
☐ 1-5% ☐ 20-100%pH ☒ N/A
☐ 0-2 ☐ 4.1-10 ☐ ≥12.5
☐ 2.1-4 ☐ 10.1-12.4 Exact _____

Flash Point (liquid only)

☐ <73°F (23°C) ☐ Boiling Point
☐ 73-140°F (23-60°C) ☐ <95°F (35°C)
☐ 142-200°F (61-93°C) ☐ >95°F (35°C)
☐ >200°F (93°C) ☐ Exact N/A
☐ Exact N/A

BTU/Lb.
<5000**H. PHYSICAL/CHEMICAL CONSTITUENTS**SULFURIC ACID 1-3% %BARREL STARTER BALANCE% %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

100 %

(Attach All MSDS, Sample Analysis and Additional Info.)

Dermal Toxicity LD₅₀(Mg/Kg)☐ <40 ☐ <200, <1000
☐ >40, <200 ☒ >10004. Material poisonous by inhalation? ☐ Yes ☒ NoOral Toxicity LD₅₀(Mg/Kg)

☐ <5 ☐ >5, <50
Solids: ☐ >50, <200 ☐ >200
Liquids: ☐ >50, <500 ☒ >500

5. Is this waste stored in vented drums? ☐ Yes ☒ No6. Is this waste pumpable? ☒ Yes ☐ No7. Is this waste polymerizable? ☐ Yes ☒ No8. Is waste stream subject to the National Emission Standards for Benzene Waste Operations (40 CFR 61 Subpart FF)? ☐ Yes ☒ No9. Is this waste regulated as an ozone depleting substance (40 CFR part 82)? ☐ Yes ☒ No10. Does this waste contain scrap metal pieces greater than 2 inches in size? ☐ Yes ☒ No**I. ANTICIPATED VOLUME**

Qty.	Container	Qty.	Container
<input type="checkbox"/>	5 gl. pail	<input type="checkbox"/>	Cubic Yard Box*
<input type="checkbox"/>	15 gl. carboy	<input type="checkbox"/>	Super Sack*
<input type="checkbox"/>	30 gl. drum	<input type="checkbox"/>	Rolloff/Dump Trailer*
<input type="checkbox"/>	55 gl. drum	<input type="checkbox"/>	Tanker*
<input type="checkbox"/>	85 gl. drum	<input checked="" type="checkbox"/>	1.00 Other PL

Per ☐ 1 Time ☐ Week ☐ Month
☐ Year ☒ Other AN(*) Is this waste regulated as a Marine Pollutant (49 CFR 171.8)? ☐ Yes ☒ No**Generator's Certification:**

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature: _____

Date 6/21/96

MACUPREP PIC ETCH 170 (19525)

UPMAC-0100

☐ New ☐ Amendment

☐ LQG

☐ SQG

☐ CSQG

A. GENERATOR INFORMATION

Generator Name **MACDERMID, INC.**

Facility Address

5439 SAN FERNANDO RD. WEST

City/County **LOS ANGELES / CA-LOS ANGELES-4**

State **CA**

Zip Code **90039**

USEPA ID# **CAD010707222**

State ID# **HAHQ36053550**

Technical Contact **DELORES FERREL OR KEN KRAMMER**

Telephone(818) **240-2904**

EXT.

Fax(818) **240-4873**

Billing Name **MACDERMID, INC.**

Billing Address **526 HUNTINGDON AVE**

City **WATERBURY**

State **CT**

Zip Code **06708**

Attention **CHERRIE GILLIS**

Telephone(818) **240-2904**

EXT.

B. DOT Shipping Name Waste sulfuric acid

Tech. Con.

Hazard Class **8** Zone Label Req **CORROSIVE**

UN/NA No **UN1830** Packing Group **II** RQ

C. RCRA RCRA Non Hazardous/Exempt?

☐ Yes ☒ No

Process Generating:

Out of date Product

State Waste Codes:

EPA Waste Codes: **791, D002**

D. ANNUAL REPORT CODES

SIC Code: **2 8 9 9**

Source Code: **A 5 B**

Form Code: **B 1 0 5**

Origin Code: **1**

System Type: **M 1 4 1**

E. OTHER COMPONENTS

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	%

F. PHYSICAL CHARACTERISTICS AT 70° F

1. Infectious or Biological Waste? ☐ Yes ☒ No
 2. NRC Regulated Radioactive? ☐ Yes ☒ No
 3. Reactivity ☒ None ☐ Water Reactive
☐ Pyrophoric ☐ Shock Sensitive
☐ Cyanides ☐ DOT Explosive
☐ Sulfides ☐ Other

Weight

Density **13.46** lbs./gal.(US,liq) lbs./cu. foot

Dry Weight ☒ < 1.0% ☐ 5-20%
☐ 1-5% ☐ 20-100%

pH ☐ N/A

☒ 0-2 ☐ 4.1-10 ☐ ≥ 12.5
☐ 2.1-4 ☐ 10.1-12.4 Exact

Flash Point (liquid only)

☐ < 73°F (23°C)
☐ 73-140°F (23-60°C)
☐ 142-200°F (61-93°C)
☐ > 200°F (93°C)
☐ Exact N/A

Boiling Point

☐ < 95°F (35°C)
☐ > 95°F (35°C)
☐ Exact N/A

BTU/Lb.

25,000

H. PHYSICAL/CHEMICAL CONSTITUENTS

Sulfuric Acid

100

Dermal Toxicity LD₅₀(Mg/Kg)

☐ ≤ 40 ☐ < 200, ≤ 1000
☐ > 40, ≤ 200 ☒ > 1000

4. Material poisonous by inhalation? ☐ Yes ☒ No

Oral Toxicity LD₅₀(Mg/Kg)

☐ ≤ 5 ☐ > 5, ≤ 50
 Solids: ☐ > 50, ≤ 200 ☐ > 200
 Liquids: ☐ > 50, ≤ 500 ☒ > 500

5. Is this waste stored in vented drums? ☐ Yes ☒ No

6. Is this waste pumpable? ☒ Yes ☐ No

7. Is this waste polymerizable? ☐ Yes ☒ No

8. Is waste stream subject to the National Emission Standards for Benzene Waste Operations (40 CFR 61 Subpart FF)? ☐ Yes ☒ No

9. Is this waste regulated as an ozone depleting substance (40 CFR part 82)? ☐ Yes ☒ No

10. Does this waste contain scrap metal pieces greater than 2 inches in size? ☐ Yes ☒ No

G. METALS

☒ NONE ☐ TCLP (MG/L) ☐ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Barium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Cadmium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Chromium	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Copper		<input type="checkbox"/>	<input type="checkbox"/>	
Lead	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Mercury	0.2 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Selenium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Silver	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Zinc		<input type="checkbox"/>	<input type="checkbox"/>	
Others:				

I. ANTICIPATED VOLUME

Qty.	Container	Qty.	Container
<input type="checkbox"/>	5 gl. pail	<input type="checkbox"/>	Cubic Yard Box*
<input type="checkbox"/>	15 gl. carboy	<input type="checkbox"/>	Super Sack*
<input type="checkbox"/>	30 gl. drum	<input type="checkbox"/>	Rolloff/Dump Trailer*
<input type="checkbox"/>	55 gl. drum	<input type="checkbox"/>	Tanker*
<input type="checkbox"/>	85 gl. drum	<input checked="" type="checkbox"/>	1.00 Other PL

Per ☐ 1 Time ☐ Week ☐ Month
☐ Year ☒ Other **AN**

(*) Is this waste regulated as a Marine Pollutant (49 CFR 171.8)? ☐ Yes ☒ No

(Attach All MSDS, Sample Analysis and Additional Info.)

Generator's Certification:

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature: *[Signature]*

Date *6/21/96*

MACUMASK 6000 PART B (77206)

UPMAC-0102

☐ New ☐ Amendment☐ LQG☐ SQG☐ CSQG

A. GENERATOR INFORMATION

Generator Name MACDERMID, INC.

Facility Address

5439 SAN FERNANDO RD. WESTCity/County LOS ANGELES / CA-LOS ANGELES-4State CAZip Code 90039USEPA ID# CAD010707222State ID# HAHQ36053550Technical Contact DELORES FERREL OR KEN KRAMMERTelephone(818) 240-2904

EXT. _____

Fax(818) 240-4873Billing Name MACDERMID, INC.Billing Address 526 HUNTINGDON AVECity WATERBURYState CTZip Code 06708Attention CHERRIE GILLISTelephone(818) 240-2904

EXT. _____

B. DOT Shipping Name NON RCRA HAZARDOUS WASTE, LIQUID

Tech. Con. _____

Hazard Class _____ Zone _____ Label Req _____

UN/NA No. NONERCRA Packing Group _____ RQ _____C. RCRA RCRA Non Hazardous/Exempt? ☐ Yes ☒ No Process Generating: _____State Waste Codes: _____ EPA Waste Codes: 133

D. ANNUAL REPORT CODES

SIC Code: 2 8 9 9Source Code: A NRForm Code: B NROrigin Code 1System Type: M 1 4 1

E. OTHER COMPONENTS

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ %

F. PHYSICAL CHARACTERISTICS AT 70°F

1. Infectious or Biological Waste? ☐ Yes ☒ No
2. NRC Regulated Radioactive? ☐ Yes ☒ No
3. Reactivity ☒ None ☐ Water Reactive
☐ Pyrophoric ☐ Shock Sensitive
☐ Cyanides ☐ DOT Explosive
☐ Sulfides ☐ Other _____

- ☐ Gas (Cylinder) ☐ Solid _____ %
☐ Aerosol ☐ Sludges _____ %
☐ Lab-Pack ☒ Free Liquids 100 %

Layers
☒ Single Layered ☐ Bi-layered ☐ Multi-layeredViscosity
☒ Low ☐ Medium ☐ HighOdor
☐ None ☒ Mild ☐ Strong Describe: _____Color/Appearance:
WHITE

Weight

Density 10.0 lbs./gal.(US,liq) _____ lbs./cu. footDry Weight ☒ < 1.0% ☐ 5-20%
☐ 1-5% ☐ 20-100%pH N/A
☐ 0-2 ☒ 4.1-10 ☐ ≥ 12.5
☐ 2.1-4 ☐ 10.1-12.4 Exact _____

Flash Point (liquid only)

☐ < 73°F (23°C) ☐ Boiling Point
☐ 73-140°F (23-60°C) ☐ < 95°F (35°C)
☐ 142-200°F (61-93°C) ☒ > 95°F (35°C)
☒ > 200°F (93°C) ☐ Exact _____

BTU/Lb.

< 5,000Dermal Toxicity LD₅₀(Mg/Kg)☐ ≤ 40 ☐ < 200, ≤ 1000
☐ > 40, ≤ 200 ☒ > 10004. Material poisonous by inhalation? ☐ Yes ☒ NoOral Toxicity LD₅₀(Mg/Kg)

☐ ≤ 5 ☐ > 5, ≤ 50
Solids: ☐ > 50, ≤ 200 ☐ > 200
Liquids: ☐ > 50, ≤ 500 ☒ > 500

5. Is this waste stored in vented drums? ☐ Yes ☒ No6. Is this waste pumpable? ☒ Yes ☐ No7. Is this waste polymerizable? ☐ Yes ☒ No8. Is waste stream subject to the National Emission Standards for Benzene Waste Operations (40 CFR 61 Subpart FF)? ☐ Yes ☒ No9. Is this waste regulated as an ozone depleting substance (40 CFR part 82)? ☐ Yes ☒ No10. Does this waste contain scrap metal pieces greater than 2 inches in size? ☐ Yes ☒ No

G. METALS

☒ NONE ☐ TCLP (MG/L) ☐ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Barium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cadmium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chromium	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Copper	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lead	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mercury	0.2 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Selenium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Silver	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Zinc	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Others:	_____	_____	_____	_____

H. PHYSICAL/CHEMICAL CONSTITUENTS

DIPORPYLENE GLYCOL, ETHYL ETHER 20-30 %ORGANIC DYES, PIGMENTS FILLERS BALANCE %

I. ANTICIPATED VOLUME

Qty.	Container	Qty.	Container
<input type="checkbox"/>	5 gl. pail	<input type="checkbox"/>	Cubic Yard Box *
<input type="checkbox"/>	15 gl. carboy	<input type="checkbox"/>	Super Sack *
<input type="checkbox"/>	30 gl. drum	<input type="checkbox"/>	Rolloff/Dump Trailer *
<input type="checkbox"/>	55 gl. drum	<input type="checkbox"/>	Tanker *
<input type="checkbox"/>	85 gl. drum	<input checked="" type="checkbox"/>	4.00 Other K

Per ☐ 1 Time ☐ Week ☐ Month
☐ Year ☒ Other AN(*) Is this waste regulated as a Marine Pollutant (49 CFR 171.8)? ☐ Yes ☒ No

(Attach All MSDS, Sample Analysis and Additional Info.)

Generator's Certification:

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature: _____

Date

6/21/96



MACU PREP ETCH G-6 (19024) STARTER

UPMAC-0103

☐ New ☐ Amendment☐ LQG☐ SQG☐ CSQG**A. GENERATOR INFORMATION**Generator Name MACDERMID, INC.

Facility Address

5439 SAN FERNANDO RD. WESTCity/County LOS ANGELES / CA-LOS ANGELES-4State CAZip Code 90039USEPA ID# CAD010707222State ID# HAHQ36053550Technical Contact DELORES FERREL OR KEN KRAMMERTelephone(818) 240-2904

EXT. _____

Fax(818) 240-4873Billing Name MACDERMID, INC.Billing Address 526 HUNTINGDON AVECity WATERBURYState CTZip Code 06708Attention CHERRIE GILLISTelephone(818) 240-2904

EXT. _____

B. DOT Shipping Name Waste phosphoric acid

Tech. Con. _____

Hazard Class 8 Zone _____ Label Req CORROSIVEUN/NA No. UN1805 Packing Group III RQ _____**C. RCRA** RCRA Non Hazardous/Exempt? ☐ Yes ☒ No

Process Generating: _____

Out of date ProductsState Waste Codes: _____ EPA Waste Codes: 791, D002**D. ANNUAL REPORT CODES**SIC Code: 2 8 9 9Source Code: A 58Form Code: B 105Origin Code 1System Type: M 141**E. OTHER COMPONENTS**

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ %

F. PHYSICAL CHARACTERISTICS AT 70° F

1. Infectious or Biological Waste? ☐ Yes ☒ No
2. NRC Regulated Radioactive? ☐ Yes ☒ No
3. Reactivity ☒ None ☐ Water Reactive
☐ Pyrophoric ☐ Shock Sensitive
☐ Cyanides ☐ DOT Explosive
☐ Sulfides ☐ Other _____

- ☐ Gas (Cylinder) ☐ Solid _____ %
☐ Aerosol ☐ Sludges _____ %
☐ Lab-Pack ☒ Free Liquids 100% %

Layers
☒ Single Layered ☐ Bi-layered ☐ Multi-layeredViscosity
☒ Low ☐ Medium ☐ HighOdor
☐ None ☒ Mild ☐ Strong Describe: _____Color/Appearance:
CLEAR**Weight**Density 9.7 lbs./gal.(US,liq) _____ lbs./cu. footDry Weight ☒ <1.0% ☐ 5-20%
☐ 1-5% ☐ 20-100%pH ☐ N/A
☒ 0-2 ☐ 4.1-10 ☐ ≥12.5
☐ 2.1-4 ☐ 10.1-12.4 Exact _____**Flash Point (liquid only)**☐ < 73°F (23°C)
☐ 73-140°F (23-60°C)
☐ 142-200°F (61-93°C)
☒ > 200°F (93°C)
☐ Exact _____**Boiling Point**☐ < 95°F (35°C)
☒ > 95°F (35°C)
☐ Exact N/A**BTU/Lb.**<5000**H. PHYSICAL/CHEMICAL CONSTITUENTS**PHOSPHORIC ACID 5-10% %WATER BALANCE %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

G. METALS☒ NONE ☐ TCLP (MG/L) ☐ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Barium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cadmium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chromium	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Copper		<input type="checkbox"/>	<input type="checkbox"/>	_____
Lead	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mercury	0.2 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Selenium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Silver	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Zinc		<input type="checkbox"/>	<input type="checkbox"/>	_____
Others:				_____

Dermal Toxicity LD₅₀(Mg/Kg)
☐ <40 ☐ <200, <1000
☐ >40, <200 ☒ >10004. Material poisonous by inhalation? ☐ Yes ☒ NoOral Toxicity LD₅₀(Mg/Kg)
☐ <5 ☐ >5, <50Solids: ☐ >50, <200 ☐ >200Liquids: ☐ >50, <500 ☒ >5005. Is this waste stored in vented drums? ☐ Yes ☒ No6. Is this waste pumpable? ☒ Yes ☐ No7. Is this waste polymerizable? ☐ Yes ☒ No8. Is waste stream subject to the National Emission Standards for Benzene Waste Operations (40 CFR 61 Subpart FF)? ☐ Yes ☒ No9. Is this waste regulated as an ozone depleting substance (40 CFR part 82)? ☐ Yes ☒ No10. Does this waste contain scrap metal pieces greater than 2 inches in size? ☐ Yes ☒ No**I. ANTICIPATED VOLUME**

Qty.	Container	Qty.	Container
<input type="checkbox"/>	5 gl. pail	<input type="checkbox"/>	Cubic Yard Box*
<input type="checkbox"/>	15 gl. carboy	<input type="checkbox"/>	Super Sack*
<input type="checkbox"/>	30 gl. drum	<input type="checkbox"/>	Rolloff/Dump Trailer*
<input type="checkbox"/>	55 gl. drum	<input type="checkbox"/>	Tanker*
<input type="checkbox"/>	85 gl. drum	<input checked="" type="checkbox"/>	1.00 Other PL

Per ☐ 1 Time ☐ Week ☐ Month
☐ Year ☒ Other AN(*) Is this waste regulated as a Marine Pollutant (49 CFR 171.8)? ☐ Yes ☒ No**Generator's Certification:**

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature: [Signature]Date 6/21/96

NAME OF WASTE STREAM

MATERIAL PROFILE NO.

LAIDLAW
ENVIRONMENTAL
SERVICES

METEX SOLDER CONDITIONER 9233

UPMAC-0104

☐ New ☐ Amendment☐ LOG☐ SQG☐ CSQG**A. GENERATOR INFORMATION**Generator Name MACDERMID, INC.

Facility Address

5439 SAN FERNANDO RD. WESTCity/County LOS ANGELES / CA-LOS ANGELES-4State CA Zip Code 90039USEPA ID# CAD010707222State ID# HAHQ36053550Technical Contact DELORES FERREL OR KEN KRAMMERTelephone(818) 240-2904 EXT. _____Fax(818) 240-4873Billing Name MACDERMID, INC.Billing Address 526 HUNTINGDON AVECity WATERBURYState CT Zip Code 06708Attention CHERRIE GILLISTelephone(818) 240-2904 EXT. _____**B. DOT Shipping Name** Waste Corrosive liquids, n.o.s.Tech. Con. HYDROCHLORIC ACID, THIOUREAHazard Class 8 Zone _____ Label Req CORROSIVEUN/NA No. UN1760 Packing Group II RQ _____**C. RCRA** RCRA Non Hazardous/Exempt? ☐ Yes ☒ No

Process Generating: _____

Out of date productsState Waste Codes: _____ EPA Waste Codes: 791, D002**D. ANNUAL REPORT CODES**SIC Code: 2 8 9 9Source Code: A 58Form Code: 8 105Origin Code 1System Type: M 141**E. OTHER COMPONENTS**

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ %

F. PHYSICAL CHARACTERISTICS AT 70° F1. Infectious or Biological Waste? ☐ Yes ☒ No2. NRC Regulated Radioactive? ☐ Yes ☒ No3. Reactivity ☒ None ☐ Water Reactive☐ Pyrophoric ☐ Shock Sensitive☐ Cyanides ☐ DOT Explosive☐ Sulfides ☐ Other _____**Weight**Density 9.09 lbs./gal.(US,liq) _____ lbs./cu. footDry Weight ☒ < 1.0% ☐ 5-20%☐ 1-5% ☐ 20-100%pH ☐ N/A☒ 0-2 ☐ 4.1-10 ☐ > 12.5☐ 2.1-4 ☐ 10 1-12 4 Exact _____**Flash Point (liquid only)**☐ < 73°F (23°C)☐ 73-140°F (23-60°C)☐ 142-200°F (61-93°C)☐ > 200°F (93°C)☐ Exact N/A**Boiling Point**☐ < 95°F (35°C)☒ > 95°F (35°C)☐ Exact N/A**BTU/Lb.**

> 5000

Dermal Toxicity LD₅₀(Mg/Kg)☐ < 40 ☐ < 200, < 1000☐ > 40, < 200 ☒ > 10004. Material poisonous by inhalation? ☐ Yes ☒ No**Oral Toxicity LD₅₀(Mg/Kg)**☐ < 5 ☐ > 5, < 50Solids: ☐ > 50, < 200 ☐ > 200Liquids: ☐ > 50, < 500 ☒ > 5005. Is this waste stored in vented drums? ☐ Yes ☒ No6. Is this waste pumpable? ☒ Yes ☐ No7. Is this waste polymerizable? ☐ Yes ☒ No

8. Is waste stream subject to the National Emission

Standards for Benzene Waste Operations

(40 CFR 61 Subpart FF)? ☐ Yes ☒ No

9. Is this waste regulated as an ozone depleting

substance (40 CFR part 82)? ☐ Yes ☒ No

10. Does this waste contain scrap metal pieces

greater than 2 inches in size? ☐ Yes ☒ No☐ Gas (Cylinder) ☐ Solid _____ %☐ Aerosol ☐ Sludges _____ %☐ Lab-Pack ☒ Free Liquids 100% %100%Layers ☒ Single Layered ☐ Bi-layered ☐ Multi-layered**Viscosity**☒ Low ☐ Medium ☐ High**Odor**☐ None ☐ Mild ☒ Strong Describe:SULFUR**Color/Appearance:**CLEAR TO SLIGHTLY YELLOW**G. METALS**☒ NONE ☐ TCLP (MG/L) ☐ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Barium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cadmium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chromium	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Copper		<input type="checkbox"/>	<input type="checkbox"/>	_____
Lead	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mercury	0.2 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Selenium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Silver	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Zinc		<input type="checkbox"/>	<input type="checkbox"/>	_____
Others:				_____

H. PHYSICAL/CHEMICAL CONSTITUENTSHYDROCHLORIC ACID 10-30% %THIOUREA 5-10% %AMMONIUM CHLORIDE 15-20% %WATER BALANCE% %**I. ANTICIPATED VOLUME**

Qty.	Container	Qty.	Container
<input type="checkbox"/>	5 gal. pail	<input type="checkbox"/>	Cubic Yard Box*
<input type="checkbox"/>	15 gal. carboy	<input type="checkbox"/>	Super Sack*
<input type="checkbox"/>	30 gal. drum	<input type="checkbox"/>	Rolloff/Dump Trailer*
<input type="checkbox"/>	55 gal. drum	<input type="checkbox"/>	Tanker*
<input type="checkbox"/>	85 gal. drum	<input checked="" type="checkbox"/>	1.00 Other PL

Per ☐ 1 Time ☐ Week ☐ Month☐ Year ☒ Other AN

(*) Is this waste regulated as a Marine Pollutant

(49 CFR 171.8)? ☐ Yes ☒ No**Generator's Certification:**

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this file.

Generator's Authorized Signature: [Signature]Date 6/21/96

CIRCU-ETCH 8G REPLENISHER (19189)

UPMAC-0106

☐ New ☐ Amendment

☐ LQG

☐ SQG

☐ CSQG

A. GENERATOR INFORMATION

Generator Name **MACDERMID, INC.**

Facility Address

5439 SAN FERNANDO RD. WEST

City/County **LOS ANGELES / CA-LOS ANGELES-4**

State **CA**

Zip Code **90039**

USEPA ID# **CAD010707222**

State ID# **HAHQ36053550**

Technical Contact **DELORES FERREL OR KEN KRAMMER**

Telephone(818) **240-2904**

EXT.

Fax(818) **240-4873**

Billing Name **MACDERMID, INC.**

Billing Address **526 HUNTINGDON AVE**

City **WATERBURY**

State **CT**

Zip Code **06708**

Attention **CHERRIE GILLIS**

Telephone(818) **240-2904**

EXT.

B. DOT Shipping Name NON RCRA HAZARDOUS WASTE, LIQUID

Tech. Con.

Hazard Class Zone Label Req

UN/NA No. **NONERCRA** Packing Group **RQ**

C. RCRA RCRA Non Hazardous/Exempt?

☒ Yes ☐ No

Process Generating:

Out of date products

State Waste Codes:

EPA Waste Codes: **133**

D. ANNUAL REPORT CODES

SIC Code: **2 8 9 9**

Source Code: **A NR**

Form Code: **B NR**

Origin Code **J**

System Type: **M 141**

E. OTHER COMPONENTS

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	%

F. PHYSICAL CHARACTERISTICS AT 70° F

1. Infectious or Biological Waste? ☐ Yes ☒ No
 2. NRC Regulated Radioactive? ☐ Yes ☒ No
 3. Reactivity ☒ None ☐ Water Reactive
☐ Pyrophoric ☐ Shock Sensitive
☐ Cyanides ☐ DOT Explosive
☐ Sulfides ☐ Other

Weight

Density **8-9** lbs./gal.(US.liq) lbs./cu. foot

Dry Weight

☒ <1.0% ☐ 5-20%
☐ 1-5% ☐ 20-100%

pH ☐ N/A

☐ 0-2 ☒ 4.1-10 ☐ ≥12.5

☐ 2.1-4 ☐ 10.1-12.4 Exact

Flash Point (liquid only)

☐ <73°F (23°C)

☐ 73-140°F (23-60°C)

☐ 142-200°F (61-93°C)

☒ >200°F (93°C)

☐ Exact

Boiling Point

☐ <95°F (35°C)

☒ >95°F (35°C)

☐ Exact **N/A**

BTU/LB.

<5000

H. PHYSICAL/CHEMICAL CONSTITUENTS

PHOSPHORIC ACID

<3% %

WATER

BALANCE% %

G. METALS

☒ NONE ☐ TCLP (MG/L) ☐ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Barium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Cadmium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Chromium	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Copper		<input type="checkbox"/>	<input type="checkbox"/>	
Lead	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Mercury	0.2 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Selenium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Silver	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Zinc		<input type="checkbox"/>	<input type="checkbox"/>	
Others:				

**ENTERED
6/27/96**

I. ANTICIPATED VOLUME

Qty.	Container	Qty.	Container
<input type="checkbox"/>	5 gl. pail	<input type="checkbox"/>	Cubic Yard Box*
<input type="checkbox"/>	15 gl. carboy	<input type="checkbox"/>	Super Sack*
<input type="checkbox"/>	30 gl. drum	<input type="checkbox"/>	Rolloff/Dump Trailer*
<input checked="" type="checkbox"/>	2.00 55 gl. drum	<input type="checkbox"/>	Tanker*
<input type="checkbox"/>	85 gl. drum	<input type="checkbox"/>	Other

Per ☐ 1 Time ☐ Week ☐ Month
☐ Year ☒ Other **OT**

(*) Is this waste regulated as a Marine Pollutant (49 CFR 171.8)? ☐ Yes ☒ No

Generator's Certification:

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature:

[Signature]

Date

6/21/96

(Attach All MSDS, Sample Analysis and Additional Info.)

NAME OF WASTE STREAM

MATERIAL PROFILE NO.

**LAW
ENVIRONMENTAL
SERVICES**

ISOPREP 55 (70202)

UPMAC-0107

☐ New ☐ Amendment☐ LQG☐ SQG☐ CSQG**A. GENERATOR INFORMATION**Generator Name **MACDERMID, INC.**

Facility Address

5439 SAN FERNANDO RD. WESTCity/County **LOS ANGELES / CA-LOS ANGELES-4**State **CA** Zip Code **90039**USEPA ID# **CAD010707222**State ID# **HAHQ36053550**Technical Contact **DELORES FERREL OR KEN KRAMMER**Telephone(818) **240-2904**

EXT.

Fax(818) **240-4873**Billing Name **MACDERMID, INC.**Billing Address **526 HUNTINGDON AVE**City **WATERBURY**State **CT**Zip Code **06708**Attention **CHERRIE GILLIS**Telephone(818) **240-2904**

EXT.

B. DOT Shipping Name Sodium hydroxide, solid

Tech. Con.

Hazard Class **B** Zone Label Req **CORROSIVE**UN/NA No. **UN1823** Packing Group **II** RQ**C. RCRA** RCRA Non Hazardous/Exempt?☐ Yes ☒ No Process Generating:Out of date ProductsState Waste Codes: EPA Waste Codes: **181****D. ANNUAL REPORT CODES**SIC Code: **2 8 9 9**Source Code: **A NR**Form Code: **B NR**Origin Code: **I**System Type: **M 141****E. OTHER COMPONENTS**

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	%

F. PHYSICAL CHARACTERISTICS AT 70° F

1. Infectious or Biological Waste? ☐ Yes ☒ No
2. NRC Regulated Radioactive? ☐ Yes ☒ No
3. Reactivity ☒ None ☐ Water Reactive
☐ Pyrophoric ☐ Shock Sensitive
☐ Cyanides ☐ DOT Explosive
☐ Sulfides ☐ Other

- ☐ Gas (Cylinder) ☒ Solid **100%** %
☐ Aerosol ☐ Sludges %
☐ Lab-Pack ☐ Free Liquids %
100%

Layers

☐ Single Layered ☐ Bi-layered ☐ Multi-layered

Viscosity

☐ Low ☐ Medium ☐ High

Odor

☒ None ☐ Mild ☐ Strong Describe:

Color/Appearance:

WHITE**Weight**Density lbs./gal.(US,liq) **60** lbs./cu. footDry Weight ☐ < 1 0% ☐ 5-20%☐ 1-5% ☒ 20-100%pH ☐ N/A☐ 0-2 ☐ 4.1-10 ☒ ≥ 12.5☐ 2.1-4 ☐ 10 1-12 4 Exact**Flash Point (liquid only)**☐ < 73°F (23°C)☐ 73-140°F (23-60°C)☐ 142-200°F (61-93°C)☐ > 200°F (93°C)☐ Exact **N/A****Boiling Point**☐ < 95°F (35°C)☐ > 95°F (35°C)☐ Exact **N/A**

BTU/LB.

< 5000

H. PHYSICAL/CHEMICAL CONSTITUENTS**SODIUM HYDROXIDE** **30-40%** %

(Attach All MSDS, Sample Analysis and Additional Info.)

Dermal Toxicity LD₅₀(Mg/Kg)☐ < 40 ☐ < 200, < 1000☐ > 40, < 200 ☒ > 10004. Material poisonous by inhalation? ☐ Yes ☒ No**Oral Toxicity LD₅₀(Mg/Kg)**☐ < 5 ☐ > 5, < 50Solids: ☐ > 50, < 200 ☒ > 200Liquids: ☐ > 50, < 500 ☐ > 5005. Is this waste stored in vented drums? ☐ Yes ☒ No6. Is this waste pumpable? ☐ Yes ☒ No7. Is this waste polymerizable? ☐ Yes ☒ No8. Is waste stream subject to the National Emission Standards for Benzene Waste Operations (40 CFR 61 Subpart FF)? ☐ Yes ☒ No9. Is this waste regulated as an ozone depleting substance (40 CFR part 82)? ☐ Yes ☒ No10. Does this waste contain scrap metal pieces greater than 2 inches in size? ☐ Yes ☒ No**G. METALS**☒ NONE ☐ TCLP (MG/L) ☐ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Barium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Cadmium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Chromium	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Copper		<input type="checkbox"/>	<input type="checkbox"/>	
Lead	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Mercury	0.2 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Selenium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Silver	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Zinc		<input type="checkbox"/>	<input type="checkbox"/>	
Others:				

I. ANTICIPATED VOLUME

Qty. Container Qty. Container

☐ 5 gal. pail ☐ Cubic Yard Box*☐ 15 gal. carboy ☐ Super Sack*☐ 30 gal. drum ☐ Rolloff/Dump Trailer*☒ **3.00** 55 gal. drum ☐ Tanker*☐ 85 gal. drum ☐ OtherPer ☐ 1 Time ☐ Week ☐ Month☐ Year ☒ Other **AN**(*) Is this waste regulated as a Marine Pollutant (49 CFR 171.8)? ☐ Yes ☒ No**Generator's Certification:**

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature:

Date

6/21/96



NAME OF WASTE STREAM

MATERIAL PROFILE NO.

NIK-LAD 755M (78042)

UPMAC-0108

☐ New ☐ Amendment☐ LQG☐ SQG☐ CSQG**A. GENERATOR INFORMATION**Generator Name MACDERMID, INC.

Facility Address

5439 SAN FERNANDO RD. WESTCity/County LOS ANGELES / CA-LOS ANGELES-4State CAZip Code 90039USEPA ID# CAD010707222State ID# HAHQ36053550Technical Contact DELORES FERREL OR KEN KRAMMERTelephone(818) 240-2904

EXT. _____

Fax(818) 240-4873Billing Name MACDERMID, INC.Billing Address 526 HUNTINGDON AVECity WATERBURYState CTZip Code 06708Attention CHERRIE GILLISTelephone(818) 240-2904

EXT. _____

B. DOT Shipping Name NON RCRA HAZARDOUS WASTE, LIQUIDTech. Con. NICKEL SULFAMATE

Hazard Class _____ Zone _____ Label Req _____

UN/NA No. NONERCRA Packing Group _____ RQ _____**C. RCRA** RCRA Non Hazardous/Exempt? ☐ Yes ☒ No Process Generating: _____State Waste Codes: _____ EPA Waste Codes: 726**D. ANNUAL REPORT CODES**SIC Code: 2 8 9 9Source Code: A NRForm Code: B NROrigin Code 1System Type: M 141**E. OTHER COMPONENTS**

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ %

F. PHYSICAL CHARACTERISTICS AT 70° F1. Infectious or Biological Waste? ☐ Yes ☒ No2. NRC Regulated Radioactive? ☐ Yes ☒ No3. Reactivity ☒ None ☐ Water Reactive
☐ Pyrophoric ☐ Shock Sensitive
☐ Cyanides ☐ DOT Explosive
☐ Sulfides ☐ Other _____☐ Gas (Cylinder) ☐ Solid _____ %
☐ Aerosol ☐ Sludges _____ %
☐ Lab-Pack ☒ Free Liquids 100% %Layers
☒ Single Layered ☐ Bi-layered ☐ Multi-layeredViscosity
☒ Low ☐ Medium ☐ HighOdor
☐ None ☐ Mild ☒ Strong Describe: AMMONIAColor/Appearance:
BLUE**Weight**Density 10.3 lbs./gal.(US,liq) _____ lbs./cu. footDry Weight ☒ <1.0% ☐ 5-20%☐ 1-5% ☐ 20-100%pH ☒ N/A☐ 0-2 ☐ 4.1-10 ☐ ≥12.5☐ 2.1-4 ☐ 10.1-12.4 Exact _____**Flash Point** (Liquid only)☐ < 73°F (23°C)☐ 73-140°F (23-60°C)☐ 142-200°F (61-93°C)☐ > 200°F (93°C)☐ Exact _____ N/A**Boiling Point**☐ < 95°F (35°C)☐ > 95°F (35°C)☐ Exact _____ N/A**BTU/Lb.**> 5000**Dermal Toxicity LD₅₀(Mg/Kg)**☐ ≤40 ☐ <200, ≤1000☐ >40, ≤200 ☒ >10004. Material poisonous by inhalation? ☐ Yes ☒ No**Oral Toxicity LD₅₀(Mg/Kg)**☐ ≤5 ☐ >5, ≤50Solids: ☐ >50, ≤200 ☐ >200Liquids: ☐ >50, ≤500 ☒ >5005. Is this waste stored in vented drums? ☐ Yes ☒ No6. Is this waste pumpable? ☒ Yes ☐ No7. Is this waste polymerizable? ☐ Yes ☒ No8. Is waste stream subject to the National Emission Standards for Benzene Waste Operations (40 CFR 61 Subpart FF)? ☐ Yes ☒ No9. Is this waste regulated as an ozone depleting substance (40 CFR part 82)? ☐ Yes ☒ No10. Does this waste contain scrap metal pieces greater than 2 inches in size? ☐ Yes ☒ No**G. METALS**☐ NONE ☐ TCLP (MG/L) ☒ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Barium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cadmium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chromium	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Copper	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lead	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mercury	0.2 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	<u>ABOVE</u>
Selenium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Silver	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Zinc	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Others:	_____	_____	_____	_____

H. PHYSICAL/CHEMICAL CONSTITUENTSAMMONIUM HYDROXIDE 2-5% %NICKEL SULFAMATE 50-55% %WATER BALANCE %**I. ANTICIPATED VOLUME**

Qty.	Container	Qty.	Container
<input type="checkbox"/>	5 gl. pail	<input type="checkbox"/>	Cubic Yard Box*
<input type="checkbox"/>	15 gl. carboy	<input type="checkbox"/>	Super Sack*
<input type="checkbox"/>	30 gl. drum	<input type="checkbox"/>	Roll-off/Dump Trailer*
<input type="checkbox"/>	55 gl. drum	<input type="checkbox"/>	Tanker*
<input type="checkbox"/>	85 gl. drum	<input checked="" type="checkbox"/>	1.00 Other PL

Per ☐ 1 Time ☐ Week ☐ Month
☐ Year ☒ Other AN(*) Is this waste regulated as a Marine Pollutant (49 CFR 171.8)? ☐ Yes ☒ No

(Attach All MSDS, Sample Analysis and Additional Info.)

Generator's Certification:

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature: _____

Date 6/21/96

NIK LAD 726H (78056)

UPMAC-0109

☐ New ☐ Amendment

☐ LQG

☐ SQG

☐ CSQG

A. GENERATOR INFORMATION

Generator Name **MACDERMID, INC.**

Facility Address

5439 SAN FERNANDO RD. WEST

City/County **LOS ANGELES / CA-LOS ANGELES-4**

State **CA**

Zip Code **90039**

USEPA ID# **CAD010707222**

State ID# **HAHQ36053550**

Technical Contact **DELORES FERREL OR KEN KRAMMER**

Telephone(818) **240-2904**

EXT.

Fax(818) **240-4873**

Billing Name **MACDERMID, INC.**

Billing Address **526 HUNTINGDON AVE**

City **WATERBURY**

State **CT**

Zip Code **06708**

Attention **CHERRIE GILLIS**

Telephone(818) **240-2904**

EXT.

B. DOT Shipping Name Hazardous waste, liquid, n.o.s.

Tech. Con. **CADMIUM ACETATE**

Hazard Class **9** Zone **II** Label Req **CLASS 9**

UN/NA No. **NA3082** Packing Group **III** RQ

C. RCRA RCRA Non Hazardous/Exempt? ☐ Yes ☒ No Process Generating:

Out of date Products

State Waste Codes EPA Waste Codes: **722, D006**

D. ANNUAL REPORT CODES

SIC Code: **2 8 9 9**

Source Code: **A 5 8**

Form Code: **B 1 1 9**

Origin Code **1**

System Type. **M 1 4 1**

E. OTHER COMPONENTS

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	%

F. PHYSICAL CHARACTERISTICS AT 70° F

1. Infectious or Biological Waste? ☐ Yes ☒ No
 2. NRC Regulated Radioactive? ☐ Yes ☒ No
 3. Reactivity ☒ None ☐ Water Reactive
☐ Pyrophoric ☐ Shock Sensitive
☐ Cyanides ☐ DOT Explosive
☐ Sulfides ☐ Other

- ☐ Gas (Cylinder) ☐ Solid %
☐ Aerosol ☐ Sludges %
☐ Lab-Pack ☒ Free Liquids **100%** %

Layers
☒ Single Layered ☐ Bi-layered ☐ Multi-layered

Viscosity
☒ Low ☐ Medium ☐ High

Odor
☐ None ☐ Mild ☒ Strong Describe:

Color/Appearance:
WHITE

Weight
 Density 9.6 lbs./gal.(US liq) lbs./cu. foot
 Dry Weight ☒ <1.0% ☐ 5-20%
☐ 1-5% ☐ 20-100%

pH ☐ N/A ☐ 0-2 ☐ 4.1-10 ☐ ≥12.5
☐ 2.1-4 ☐ 10.1-12.4 Exact **10.60**

Flash Point (liquid only)
☐ <73°F (23°C) ☐ 73-140°F (23-60°C)
☐ 142-200°F (61-93°C) ☐ >200°F (93°C)
☐ Exact **N/A**

Boiling Point
☐ <95°F (35°C) ☐ >95°F (35°C)
☐ Exact **N/A**

BTU/LB.
<5000

Dermal Toxicity LD₅₀(Mg/Kg)
☐ ≤40 ☐ <200, ≤1000
☐ >40, ≤200 ☒ >1000

4. Material poisonous by inhalation? ☐ Yes ☒ No

Oral Toxicity LD₅₀(Mg/Kg)
☐ ≤5 ☐ >5, ≤50
 Solids: ☐ >50, ≤200 ☐ >200
 Liquids: ☐ >50, ≤500 ☒ >500

5. Is this waste stored in vented drums? ☐ Yes ☒ No

6. Is this waste pumpable? ☒ Yes ☐ No

7. Is this waste polymerizable? ☐ Yes ☒ No

8. Is waste stream subject to the National Emission Standards for Benzene Waste Operations (40 CFR 61 Subpart FF)? ☐ Yes ☒ No

9. Is this waste regulated as an ozone depleting substance (40 CFR part 82)? ☐ Yes ☒ No

10. Does this waste contain scrap metal pieces greater than 2 inches in size? ☐ Yes ☒ No

G. METALS

☐ NONE ☐ TCLP (MG/L) ☒ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Barium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Cadmium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	ABOVE
Chromium	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Copper		<input type="checkbox"/>	<input type="checkbox"/>	
Lead	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Mercury	0.2 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Selenium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Silver	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Zinc		<input type="checkbox"/>	<input type="checkbox"/>	
Others:				

H. PHYSICAL/CHEMICAL CONSTITUENTS

GENERIC CONSTITUENT **9-13%**

SODIUM HYPOPHOSPHITE **24-29%**

CADMIUM ACETATE **<1%**

WATER **BALANCE%**

ENTERED
6/21/96

(Attach All MSDS, Sample Analysis and Additional Info.)

I. ANTICIPATED VOLUME

Qty.	Container	Qty.	Container
<input type="checkbox"/>	5 gl. pail	<input type="checkbox"/>	Cubic Yard Box*
<input type="checkbox"/>	15 gl. carboy	<input type="checkbox"/>	Super Sack*
<input type="checkbox"/>	30 gl. drum	<input type="checkbox"/>	Rolloff/Dump Trailer*
<input type="checkbox"/>	55 gl. drum	<input type="checkbox"/>	Tanker*
<input type="checkbox"/>	85 gl. drum	<input checked="" type="checkbox"/>	2.00 Other PL

Per ☐ 1 Time ☐ Week ☐ Month
☐ Year ☒ Other **AN**

(*) Is this waste regulated as a Marine Pollutant (49 CFR 171.8)? ☐ Yes ☒ No

Generator's Certification:

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature: *[Signature]*

Date 6/21/96



NAME OF WASTE STREAM

MATERIAL PROFILE NO.

OMNIBOND F (79273)

UPMAC-0110

☐ New ☐ Amendment☐ LQG☐ SQG☐ CSQG**A. GENERATOR INFORMATION**Generator Name **MACDERMID, INC.**

Facility Address

5439 SAN FERNANDO RD. WESTCity/County **LOS ANGELES / CA-LOS ANGELES-4**State **CA**Zip Code **90039**USEPA ID# **CAD010707222**State ID# **HAHQ36053550**Technical Contact **DELORES FERREL OR KEN KRAMMER**Telephone(818) **240-2904**

EXT.

Fax(818) **240-4873**Billing Name **MACDERMID, INC.**Billing Address **526 HUNTINGDON AVE**City **WATERBURY**State **CT**Zip Code **06708**Attention **CHERRIE GILLIS**Telephone(818) **240-2904**

EXT.

B. DOT Shipping Name **Waste sodium chlorite solution**

Tech. Con.

Hazard Class **8** Zone Label Req **CORROSIVE**UN/NA No. **UN1908** Packing Group **II** RQ**C. RCRA** RCRA Non Hazardous/Exempt? ☐ Yes ☒ No Process Generating:**Out of date Products**State Waste Codes: EPA Waste Codes: **122, D002****D. ANNUAL REPORT CODES**SIC Code. **2 8 9 9**Source Code **A 58**Form Code **B 110**Origin Code **L**System Type **M 141****E. OTHER COMPONENTS**

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

F. PHYSICAL CHARACTERISTICS AT 70°F

1. Infectious or Biological Waste? ☐ Yes ☒ No
2. NRC Regulated Radioactive? ☐ Yes ☒ No
3. Reactivity ☒ None ☐ Water Reactive
☐ Pyrophoric ☐ Shock Sensitive
☐ Cyanides ☐ DOT Explosive
☐ Sulfides ☐ Other

- ☐ Gas (Cylinder) ☐ Solid %
☐ Aerosol ☐ Sludges %
☐ Lab-Pack ☒ Free Liquids **100%** %

Layers
☒ Single Layered ☐ Bi-layered ☐ Multi-layeredViscosity
☒ Low ☐ Medium ☐ HighOdor
☐ None ☐ Mild ☒ Strong Describe:
CHLORITEColor/Appearance:
CLEAR

Weight
Density **10.76** lbs./gal.(US.liq) lbs./cu. foot
Dry Weight ☒ <1.0% ☐ 5-20%
☐ 1-5% ☐ 20-100%

pH ☐ N/A
☐ 0-2 ☐ 4 1-10 ☐ ≥12.5
☐ 2.1-4 ☐ 10.1-12.4 Exact **12.80**

Flash Point (liquid only)
☐ <73°F (23°C) ☐ Boiling Point
☐ 73-140°F (23-60°C) ☐ <95°F (35°C)
☐ 142-200°F (61-93°C) ☐ >95°F (35°C)
☐ >200°F (93°C) ☐ Exact **N/A**
☐ Exact **N/A**

BTU/LB.
<5000**H. PHYSICAL/CHEMICAL CONSTITUENTS****SODIUM CHLORITE** **20-30%** %**WATER** **BALANCE%** %**G. METALS**☒ NONE ☐ TCLP (MG/L) ☐ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Barium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Cadmium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Chromium	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Copper		<input type="checkbox"/>	<input type="checkbox"/>	
Lead	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Mercury	0.2 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Selenium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Silver	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Zinc		<input type="checkbox"/>	<input type="checkbox"/>	
Others:				

Dermal Toxicity LD₅₀(Mg/Kg)☐ <40 ☐ <200, <1000
☐ >40, <200 ☒ >10004. Material poisonous by inhalation? ☐ Yes ☒ No**Oral Toxicity LD₅₀(Mg/Kg)**☐ <5 ☐ >5, <50Solids: ☐ >50, <200 ☐ >200
Liquids: ☐ >50, <500 ☒ >5005. Is this waste stored in vented drums? ☐ Yes ☒ No6. Is this waste pumpable? ☒ Yes ☐ No7. Is this waste polymerizable? ☐ Yes ☒ No8. Is waste stream subject to the National Emission Standards for Benzene Waste Operations (40 CFR 61 Subpart FF)? ☐ Yes ☒ No9. Is this waste regulated as an ozone depleting substance (40 CFR part 82)? ☐ Yes ☒ No10. Does this waste contain scrap metal pieces greater than 2 inches in size? ☐ Yes ☒ No**I. ANTICIPATED VOLUME**

Qty.	Container	Qty.	Container
<input type="checkbox"/>	5 gal. pail	<input type="checkbox"/>	Cubic Yard Box*
<input type="checkbox"/>	15 gal. carboy	<input type="checkbox"/>	Super Sack*
<input type="checkbox"/>	30 gal. drum	<input type="checkbox"/>	Rolloff/Dump Trailer*
<input type="checkbox"/>	55 gal. drum	<input type="checkbox"/>	Tanker*
<input type="checkbox"/>	85 gal. drum	<input checked="" type="checkbox"/>	2.00 Other PL

Per ☐ 1 Time ☐ Week ☐ Month
☐ Year ☒ Other **AN**(*) Is this waste regulated as a Marine Pollutant (49 CFR 171.8)? ☐ Yes ☒ No**Generator's Certification:**

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature:

Date **6/21/96**



NAME OF WASTE STREAM

MATERIAL PROFILE NO.

M.COPPER 50B (79292)

UPMAC-0111

☐ New ☐ Amendment☐ LQG☐ SQG☐ CSQG**A. GENERATOR INFORMATION**Generator Name **MACDERMID, INC.**

Facility Address

5439 SAN FERNANDO RD. WESTCity/County **LOS ANGELES / CA-LOS ANGELES-4**State **CA**Zip Code **90039**USEPA ID# **CAD010707222**State ID# **HAHQ36053550**Technical Contact **DELORES FERREL OR KEN KRAMMER**Telephone(818) **240-2904**

EXT.

Fax(818) **240-4873**Billing Name **MACDERMID, INC.**Billing Address **526 HUNTINGDON AVE**City **WATERBURY**State **CT**Zip Code **06708**Attention **CHERRIE GILLIS**Telephone(818) **240-2904**

EXT.

B. DOT Shipping Name **Waste sodium hydroxide, solution**

Tech. Con.

Hazard Class **8** Zone Label Req **CORROSIVE**UN/NA No. **UN1824** Packing Group **II** RQ**C. RCRA** RCRA Non Hazardous/Exempt?☐ Yes ☒ No

Process Generating:

Out of date Products

State Waste Codes:

EPA Waste Codes: **122, D002****D. ANNUAL REPORT CODES**SIC Code: **2 8 9 9**Source Code: **A 58**Form Code: **B 110**Origin Code **1**System Type: **M 141****E. OTHER COMPONENTS**

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	%

F. PHYSICAL CHARACTERISTICS AT 70° F

1. Infectious or Biological Waste? ☐ Yes ☒ No
2. NRC Regulated Radioactive? ☐ Yes ☒ No
3. Reactivity ☒ None ☐ Water Reactive
☐ Pyrophoric ☐ Shock Sensitive
☐ Cyanides ☐ DOT Explosive
☐ Sulfides ☐ Other

WeightDensity **9.96** lbs./gal.(US,liq) lbs./cu. footDry Weight ☒ < 1.0% ☐ 5-20%☐ 1-5% ☐ 20-100%pH ☐ N/A☐ 0-2 ☐ 4.1-10 ☒ ≥ 12.5☐ 2.1-4 ☐ 10.1-12.4 Exact**Flash Point** (liquid only)☐ < 73°F (23°C)☐ 73-140°F (23-60°C)☐ 142-200°F (61-93°C)☐ > 200°F (93°C)☐ Exact N/A**Boiling Point**☐ < 95°F (35°C)☐ > 95°F (35°C)☐ Exact N/A**BTU/LB.**

< 5000

H. PHYSICAL/CHEMICAL CONSTITUENTS**SODIUM HYDROXIDE**

0.5-1% %

WATER

BALANCE %

- ☐ Gas (Cylinder) ☐ Solid %
☐ Aerosol ☐ Sludges %
☐ Lab-Pack ☒ Free Liquids 100% %

Layers
☒ Single Layered ☐ Bi-layered ☐ Multi-layered**Viscosity**☒ Low ☐ Medium ☐ High**Odor**☒ None ☐ Mild ☐ Strong Describe:**Color/Appearance:**

WHITE

G. METALS☒ NONE ☐ TCLP (MG/L) ☐ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Banum	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Cadmium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Chromium	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Copper		<input type="checkbox"/>	<input type="checkbox"/>	
Lead	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Mercury	0.2 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Selenium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Silver	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Zinc		<input type="checkbox"/>	<input type="checkbox"/>	
Others:				

Dermal Toxicity LD₅₀(Mg/Kg)☐ ≤ 40 ☐ < 200, ≤ 1000☐ > 40, ≤ 200 ☒ > 10004. Material poisonous by inhalation? ☐ Yes ☒ No**Oral Toxicity LD₅₀(Mg/Kg)**☐ ≤ 5 ☐ > 5, ≤ 50Solids: ☐ > 50, ≤ 200 ☐ > 200Liquids: ☐ > 50, ≤ 500 ☒ > 5005. Is this waste stored in vented drums? ☐ Yes ☒ No6. Is this waste pumpable? ☒ Yes ☐ No7. Is this waste polymerizable? ☐ Yes ☒ No

8. Is waste stream subject to the National Emission

Standards for Benzene Waste Operations

(40 CFR 61 Subpart FF)? ☐ Yes ☒ No

9. Is this waste regulated as an ozone depleting

substance (40 CFR part 82)? ☐ Yes ☒ No

10. Does this waste contain scrap metal pieces

greater than 2 inches in size? ☐ Yes ☒ No**I. ANTICIPATED VOLUME**

Qty.	Container	Qty.	Container
<input type="checkbox"/>	5 gl. pail	<input type="checkbox"/>	Cubic Yard Box*
<input type="checkbox"/>	15 gl. carboy	<input type="checkbox"/>	Super Sack*
<input type="checkbox"/>	30 gl. drum	<input type="checkbox"/>	Roll-off/Dump Trailer*
<input type="checkbox"/>	55 gl. drum	<input type="checkbox"/>	Tanker*
<input type="checkbox"/>	85 gl. drum	<input checked="" type="checkbox"/>	10.00 Other PL

Per ☐ 1 Time ☐ Week ☐ Month
☐ Year ☒ Other **AN**(*) Is this waste regulated as a Marine Pollutant
(49 CFR 171.8)? ☐ Yes ☒ No**Generator's Certification:**

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature:

Date

6/25/96



IRIDITE 1B-OD (78643)

UPMAC-0112

☐ New ☐ Amendment☐ LQG☐ SQG☐ CSQG**A. GENERATOR INFORMATION**Generator Name MACDERMID, INC.

Facility Address

5439 SAN FERNANDO RD. WESTCity/County LOS ANGELES / CA-LOS ANGELES-4State CAZip Code 90039USEPA ID# CAD010707222State ID# HAHQ36053550Technical Contact DELORES FERREL OR KEN KRAMMERTelephone(818) 240-2904

EXT. _____

Fax(818) 240-4873Billing Name MACDERMID, INC.Billing Address 526 HUNTINGDON AVECity WATERBURYState CTZip Code 06708Attention CHERRIE GILLISTelephone(818) 240-2904

EXT. _____

B. DOT Shipping Name Waste Corrosive liquids, oxidizing, n.o.s.Tech. Con. NITRIC ACID, SODIUM DICHROMATEHazard Class 8 Zone _____ Label Req CORROSIVE, OXIDIZERUN/NA No. UN3093 Packing Group II RQ _____**C. RCRA** RCRA Non Hazardous/Exempt? ☐ Yes ☒ No Process Generating _____State Waste Codes: _____ EPA Waste Codes: 792, D001, D002**D. ANNUAL REPORT CODES**SIC Code: 2 8 9 9Source Code: A 58Form Code: B 105Origin Code: 1System Type: M 141**E. OTHER COMPONENTS**

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ %

F. PHYSICAL CHARACTERISTICS AT 70° F

1. Infectious or Biological Waste? ☐ Yes ☒ No
2. NRC Regulated Radioactive? ☐ Yes ☒ No
3. Reactivity ☒ None ☐ Water Reactive
☐ Pyrophoric ☐ Shock Sensitive
☐ Cyanides ☐ DOT Explosive
☐ Sulfides ☐ Other _____

- ☐ Gas (Cylinder) ☐ Solid _____ %
☐ Aerosol ☐ Sludges _____ %
☐ Lab-Pack ☒ Free Liquids 100% %

Layers
☒ Single Layered ☐ Bi-layered ☐ Multi-layered**Viscosity**
☒ Low ☐ Medium ☐ High**Odor**
☐ None ☐ Mild ☒ Strong Describe: _____**Color/Appearance:**
CLEAR**Weight**Density 9.2 lbs./gal.(US,liq) _____ lbs./cu. footDry Weight 5 <1.0% ☐ 5-20%
☐ 1-5% ☐ 20-100%**pH** ☐ N/A
☒ 0-2 ☐ 4.1-10 ☐ ≥ 12.5
☐ 2.1-4 ☐ 10.1-12.4 Exact _____**Flash Point (liquid only)**☐ < 73°F (23°C) **Boiling Point**
☐ 73-140°F (23-60°C) ☐ < 95°F (35°C)
☐ 142-200°F (61-93°C) ☒ > 95°F (35°C)
☐ > 200°F (93°C) ☐ Exact _____
☐ Exact N/A**BTU/Lb.****Dermal Toxicity LD₅₀(Mg/Kg)**☐ < 40 ☐ < 200, ≤ 1000
☐ > 40, ≤ 200 ☒ > 10004. Material poisonous by inhalation? ☐ Yes ☒ No**Oral Toxicity LD₅₀(Mg/Kg)**☐ ≤ 5 ☐ > 5, ≤ 50
Solids: ☐ > 50, ≤ 200 ☐ > 200
Liquids: ☐ > 50, ≤ 500 ☒ > 5005. Is this waste stored in vented drums? ☐ Yes ☒ No6. Is this waste pumpable? ☒ Yes ☐ No7. Is this waste polymerizable? ☐ Yes ☒ No8. Is waste stream subject to the National Emission Standards for Benzene Waste Operations (40 CFR 61 Subpart FF)? ☐ Yes ☒ No9. Is this waste regulated as an ozone depleting substance (40 CFR part 82)? ☐ Yes ☒ No10 Does this waste contain scrap metal pieces greater than 2 inches in size? ☐ Yes ☒ No**H. PHYSICAL/CHEMICAL CONSTITUENTS**SODIUM DICHROMATE 10-20% %NITRIC ACID 20-30% %ZINC <15% %WATER BALANCE% %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

(Attach All MSDS, Sample Analysis and Additional Info.)

G. METALS☐ NONE ☐ TCLP (MG/L) ☒ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Barium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cadmium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chromium	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Copper		<input type="checkbox"/>	<input type="checkbox"/>	_____
Lead	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mercury	0.2 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Selenium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Silver	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Zinc		<input type="checkbox"/>	<input type="checkbox"/>	_____
Others:				_____

I. ANTICIPATED VOLUME

Qty	Container	Qty	Container
<input type="checkbox"/>	5 gl. parl	<input type="checkbox"/>	Cubic Yard Box*
<input type="checkbox"/>	15 gl. carboy	<input type="checkbox"/>	Super Sack*
<input type="checkbox"/>	30 gl. drum	<input type="checkbox"/>	Rolloff/Dump Trailer*
<input checked="" type="checkbox"/>	2.00 55 gl. drum	<input type="checkbox"/>	Tanker*
<input type="checkbox"/>	85 gl. drum	<input type="checkbox"/>	Other _____

Per ☐ 1 Time ☐ Week ☐ Month
☐ Year ☒ Other AN(*) Is this waste regulated as a Marine Pollutant (49 CFR 171.8)? ☐ Yes ☒ No**Generator's Certification:**

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature: [Signature]Date 6/21/96



NAME OF WASTE STREAM

MATERIAL PROFILE NO.

SOLDER STRIP 709 (75029)

UPMAC-0113

☐ New ☐ Amendment☐ LQG☐ SQG☐ CSQG**A. GENERATOR INFORMATION**Generator Name MACDERMID, INC.

Facility Address

5439 SAN FERNANDO RD. WESTCity/County LOS ANGELES / CA-LOS ANGELES-4State CAZip Code 90039-USEPA ID# CAD010707222State ID# HAHQ36053550Technical Contact DELORES FERREL OR KEN KRAMMERTelephone(818) 240-2904

EXT. _____

Fax(818) 240-4873Billing Name MACDERMID, INC.Billing Address 526 HUNTINGDON AVECity WATERBURYState CTZip Code 06708-Attention CHERRIE GILLISTelephone(818) 240-2904

EXT. _____

B. DOT Shipping Name Waste Oxidizing liquid, n.o.s.Tech. Con. HYDROGEN PEROXIDE, AMMONIUM BIFLUORIDEHazard Class 5.1 Zone _____ Label Req OXIDIZERUN/NA No. UN3139 Packing Group II RQ _____**C. RCRA** RCRA Non Hazardous/Exempt? ☐ Yes ☒ No

Process Generating: _____

out of date productState Waste Codes: _____ EPA Waste Codes: 133, D001**D. ANNUAL REPORT CODES**SIC Code: 2 8 9 9Source Code A 58Form Code: B 119Origin Code 1System Type: M 141**E. OTHER COMPONENTS**

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ %

F. PHYSICAL CHARACTERISTICS AT 70°F

1. Infectious or Biological Waste? ☐ Yes ☒ No
2. NRC Regulated Radioactive? ☐ Yes ☒ No
3. Reactivity ☒ None ☐ Water Reactive
☐ Pyrophoric ☐ Shock Sensitive
☐ Cyanides ☐ DOT Explosive
☐ Sulfides ☐ Other _____

Weight

Density 9.3 lbs./gal.(US,liq) _____ lbs./cu. foot

Dry Weight ☒ < 1.0% ☐ 5-20%☐ 1-5% ☐ 20-100%**pH** ☐ N/A☐ 0-2 ☐ 4.1-10 ☐ ≥ 12.5☐ 2.1-4 ☐ 10.1-12.4 Exact 5.00**Flash Point** (liquid only)☐ < 73°F (23°C)☐ 73-140°F (23-60°C)☐ 142-200°F (61-93°C)☐ > 200°F (93°C)☐ Exact N/A**Boiling Point**☐ < 95°F (35°C)☐ > 95°F (35°C)☐ Exact N/A**BTU/Lb.**

> 5000

H. PHYSICAL/CHEMICAL CONSTITUENTSAMMONIUM BIFLUORIDE 25-35% %HYDROGEN PEROXIDE 10-15% %WATER BALANCE %**Dermal Toxicity LD₅₀(Mg/Kg)**☐ ≤ 40 ☐ < 200, ≤ 1000☐ > 40, ≤ 200 ☒ > 10004. Material poisonous by inhalation? ☐ Yes ☒ No**Oral Toxicity LD₅₀(Mg/Kg)**☐ ≤ 5 ☐ > 5, ≤ 50Solids: ☐ > 50, ≤ 200 ☐ > 200Liquids: ☐ > 50, ≤ 500 ☒ > 5005. Is this waste stored in vented drums? ☐ Yes ☒ No6. Is this waste pumpable? ☒ Yes ☐ No7. Is this waste polymerizable? ☐ Yes ☒ No8. Is waste stream subject to the National Emission Standards for Benzene Waste Operations (40 CFR 61 Subpart FF)? ☐ Yes ☒ No9. Is this waste regulated as an ozone depleting substance (40 CFR part 82)? ☐ Yes ☒ No10. Does this waste contain scrap metal pieces greater than 2 inches in size? ☐ Yes ☒ No**G. METALS**☒ NONE ☐ TCLP (MG/L) ☐ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Barium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cadmium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chromium	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Copper		<input type="checkbox"/>	<input type="checkbox"/>	_____
Lead	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mercury	0.2 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Selenium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Silver	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Zinc		<input type="checkbox"/>	<input type="checkbox"/>	_____
Others:				_____

I. ANTICIPATED VOLUME

Qty.	Container	Qty.	Container
<input type="checkbox"/>	5 gal. pail	<input type="checkbox"/>	Cubic Yard Box*
<input type="checkbox"/>	15 gal. carboy	<input type="checkbox"/>	Super Sack*
<input type="checkbox"/>	30 gal. drum	<input type="checkbox"/>	Rolloff/Dump Trailer*
<input checked="" type="checkbox"/>	1.00 55 gal. drum	<input type="checkbox"/>	Tanker*
<input type="checkbox"/>	85 gal. drum	<input type="checkbox"/>	Other _____

Per ☐ 1 Time ☐ Week ☐ Month
☐ Year ☒ Other AN(*) Is this waste regulated as a Marine Pollutant (49 CFR 171.8)? ☐ Yes ☒ No**Generator's Certification:**

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature: [Signature]Date 6/21/96

LAWDLAW
ENVIRONMENTAL
SERVICES

AMAT B (17840)

UPMAC-0114

☐ New ☐ Amendment☐ LQG☐ SQG☐ CSQG**A. GENERATOR INFORMATION**Generator Name MACDERMID, INC.

Facility Address

5439 SAN FERNANDO RD. WESTCity/County LOS ANGELES / CA-LOS ANGELES-4State CAZip Code 90039USEPA ID# CAD010707222State ID# HAHQ36053550Technical Contact DELORES FERREL OR KEN KRAMMERTelephone(818) 240-2904

EXT. _____

Fax(818) 240-4873Billing Name MACDERMID, INC.Billing Address 526 HUNTINGDON AVECity WATERBURYState CTZip Code 06708Attention CHERRIE GILLISTelephone(818) 240-2904

EXT. _____

B. DOT Shipping Name Combustible liquid, n.o.s.

Tech. Con. _____

Hazard Class COMB Zone _____ Label Req NONEUN/NA No. NA1993 Packing Group III RQ _____**C. RCRA** RCRA Non Hazardous/Exempt? ☐ Yes ☒ No Process Generating: _____Out of date ProductsState Waste Codes: _____ EPA Waste Codes: 133**D. ANNUAL REPORT CODES**SIC Code: 2 8 9 9Source Code: A NRForm Code: B NROrigin Code: 1System Type: M 141**E. OTHER COMPONENTS**

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ %

F. PHYSICAL CHARACTERISTICS AT 70°F

1. Infectious or Biological Waste? ☐ Yes ☒ No
2. NRC Regulated Radioactive? ☐ Yes ☒ No
3. Reactivity ☒ None ☐ Water Reactive
- ☐ Pyrophoric ☐ Shock Sensitive
- ☐ Cyanides ☐ DOT Explosive
- ☐ Sulfides ☐ Other _____

- ☐ Gas (Cylinder) ☐ Solid _____ %
- ☐ Aerosol ☐ Sludges _____ %
- ☐ Lab-Pack ☒ Free Liquids 100% %

Layers
☒ Single Layered ☐ Bi-layered ☐ Multi-layered

Viscosity
☐ Low ☒ Medium ☐ High

Odor
☐ None ☒ Mild ☐ Strong Describe: GLYCOL
Color/Appearance:
CLEAR YELLOW
WeightDensity 7.9 lbs./gal.(US liq) _____ lbs./cu. foot
 Dry Weight ☒ <1.0% ☐ 5-20%
☐ 1-5% ☐ 20-100%

 pH ☒ N/A ☐ 0-2 ☐ 4.1-10 ☐ ≥12.5
☐ 2.1-4 ☐ 10.1-12.4 Exact _____
Flash Point (liquid only)
☐ <73°F (23°C) ☐ Boiling Point _____
☐ 73-140°F (23-60°C) ☐ <95°F (35°C)
☒ 142-200°F (61-93°C) ☐ >95°F (35°C)
☐ >200°F (93°C) ☐ Exact N/A
☐ Exact _____
BTU/LB.

>5000

H. PHYSICAL/CHEMICAL CONSTITUENTS

DIPROPYLENE GLYCOL _____ 100% %

METHYL ETHER _____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ %

_____ 100 %

(Attach All MSDS, Sample Analysis and Additional Info.)

G. METALS☒ NONE ☐ TCLP (MG/L) ☐ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Barium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cadmium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chromium	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Copper		<input type="checkbox"/>	<input type="checkbox"/>	_____
Lead	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mercury	0.2 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Selenium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Silver	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Zinc		<input type="checkbox"/>	<input type="checkbox"/>	_____
Others:				_____

Dermal Toxicity LD₅₀(Mg/Kg)
☐ ≤40 ☐ <200, ≤1000
☐ >40, ≤200 ☒ >1000
4. Material poisonous by inhalation? ☐ Yes ☒ No**Oral Toxicity LD₅₀(Mg/Kg)**
☐ ≤5 ☐ >5, ≤50
 Solids: ☐ >50, ≤200 ☐ >200
 Liquids: ☐ >50, ≤500 ☒ >500
5. Is this waste stored in vented drums? ☐ Yes ☒ No6. Is this waste pumpable? ☒ Yes ☐ No7. Is this waste polymerizable? ☐ Yes ☒ No8. Is waste stream subject to the National Emission Standards for Benzene Waste Operations (40 CFR 61 Subpart FF)? ☐ Yes ☒ No9. Is this waste regulated as an ozone depleting substance (40 CFR part 82)? ☐ Yes ☒ No10. Does this waste contain scrap metal pieces greater than 2 inches in size? ☐ Yes ☒ No**I. ANTICIPATED VOLUME**

Qty.	Container	Qty.	Container
<input type="checkbox"/>	5 gl. pail	<input type="checkbox"/>	Cubic Yard Box*
<input type="checkbox"/>	15 gl. carboy	<input type="checkbox"/>	Super Sack*
<input type="checkbox"/>	30 gl. drum	<input type="checkbox"/>	Rolloff/Dump Trailer*
<input type="checkbox"/>	55 gl. drum	<input type="checkbox"/>	Tanker*
<input type="checkbox"/>	85 gl. drum	<input checked="" type="checkbox"/>	1.00 Other G

 Per ☐ 1 Time ☐ Week ☐ Month
☐ Year ☒ Other AN

 (*) Is this waste regulated as a Marine Pollutant (49 CFR 171.8)? ☐ Yes ☒ No
Generator's Certification:

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature: _____

Date 6/21/96

NAME OF WASTE STREAM

MATERIAL PROFILE NO.

**LAW
ENVIRONMENTAL
SERVICES**

ELNIC 104/105B

UPMAC-0115

☐ New ☐ Amendment☐ LQG☐ SQG☐ CSQG**A. GENERATOR INFORMATION**Generator Name **MACDERMID, INC.**

Facility Address

5439 SAN FERNANDO RD. WESTCity/County **LOS ANGELES / CA-LOS ANGELES-4**State **CA** Zip Code **90039**USEPA ID# **CAD010707222**State ID# **HAHQ36053550**Technical Contact **DELORES FERREL OR KEN KRAMMER**Telephone(818) **240-2904**

EXT.

Fax(818) **240-4873**Billing Name **MACDERMID, INC.**Billing Address **526 HUNTINGDON AVE**City **WATERBURY**State **CT** Zip Code **06708**Attention **CHERRIE GILLIS**Telephone(818) **240-2904**

EXT.

B. DOT Shipping Name Hazardous waste, liquid, n.o.s.Tech. Con. **CADMIUM CHLORIDE, LEAD NITRATE**Hazard Class **9** Zone Label Req **CLASS 9**UN/NA No. **NA3082** Packing Group **III** RQ **D006****C. RCRA** RCRA Non Hazardous/Exempt?☐ Yes ☒ No Process Generating:*Out of date Products*State Waste Codes: EPA Waste Codes: **342, D006, D008****D. ANNUAL REPORT CODES**SIC Code: **2 8 9 9**Source Code: **A 5 8**Form Code: **8 1 1 9**Origin Code: **1**System Type: **M 1 4 1****E. OTHER COMPONENTS**

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	%

F. PHYSICAL CHARACTERISTICS AT 70°F

1. Infectious or Biological Waste? ☐ Yes ☒ No
2. NRC Regulated Radioactive? ☐ Yes ☒ No
3. Reactivity ☒ None ☐ Water Reactive
☐ Pyrophoric ☐ Shock Sensitive
☐ Cyanides ☐ DOT Explosive
☐ Sulfides ☐ Other

- ☐ Gas (Cylinder) ☐ Solid %
☐ Aerosol ☐ Sludges %
☐ Lab-Pack ☒ Free Liquids 100% %
100%

Layers
☒ Single Layered ☐ Bi-layered ☐ Multi-layeredViscosity
☒ Low ☐ Medium ☐ HighOdor
☒ None ☐ Mild ☐ Strong Describe:Color/Appearance:
WHITE**Weight**

Density 10.8 lbs./gal.(US,liq) lbs./cu. foot

Dry Weight ☒ <1.0% ☐ 5-20%
☐ 1-5% ☐ 20-100%pH ☐ N/A☐ 0-2 ☒ 4.1-10 ☐ ≥12.5
☐ 2.1-4 ☐ 10.1-12.4 Exact**Flash Point** (liquid only)☐ <73°F (23°C)
☐ 73-140°F (23-60°C)
☐ 142-200°F (61-93°C)
☒ >200°F (93°C)
☐ Exact**Boiling Point**☐ <95°F (35°C)
☒ >95°F (35°C)
☐ Exact**BTU/Lb.**

<5000

Dermal Toxicity LD₅₀(Mg/Kg)☐ <40 ☐ <200, ≤1000
☐ >40, ≤200 ☒ >10004. Material poisonous by inhalation? ☐ Yes ☒ No**Oral Toxicity LD₅₀(Mg/Kg)**☐ ≤5 ☐ >5, ≤50Solids: ☐ >50, ≤200 ☐ >200Liquids: ☐ >50, ≤500 ☒ >5005. Is this waste stored in vented drums? ☐ Yes ☒ No6. Is this waste pumpable? ☒ Yes ☐ No7. Is this waste polymerizable? ☐ Yes ☒ No8. Is waste stream subject to the National Emission Standards for Benzene Waste Operations (40 CFR 61 Subpart FF)? ☐ Yes ☒ No9. Is this waste regulated as an ozone depleting substance (40 CFR part 82)? ☐ Yes ☒ No10. Does this waste contain scrap metal pieces greater than 2 inches in size? ☐ Yes ☒ No**G. METALS**☐ NONE ☐ TCLP (MG/L) ☒ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Barium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Cadmium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	ABOVE
Chromium	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Copper		<input type="checkbox"/>	<input type="checkbox"/>	
Lead	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	ABOVE
Mercury	0.2 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Selenium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Silver	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Zinc		<input type="checkbox"/>	<input type="checkbox"/>	
Others:				

H. PHYSICAL/CHEMICAL CONSTITUENTS

SODIUM HYPOPHOSPHITE 20-30% %

MALIC ACID 25-35% %

CADMIUM CHLORIDE <1% %

LEAD NITRATE <1% %

WATER BALANCE% %

ENTERED
6/27/96

(Attach All MSDS, Sample Analysis and Additional Info.)

I. ANTICIPATED VOLUME

Qty.	Container	Qty.	Container
<input type="checkbox"/>	5 gal. pail	<input type="checkbox"/>	Cubic Yard Box*
<input type="checkbox"/>	15 gal. carboy	<input type="checkbox"/>	Super Sack*
<input type="checkbox"/>	30 gal. drum	<input type="checkbox"/>	Rolloff/Dump Trailer*
<input type="checkbox"/>	55 gal. drum	<input type="checkbox"/>	Tanker*
<input type="checkbox"/>	85 gal. drum	<input checked="" type="checkbox"/>	1.00 Other PL

Per ☐ 1 Time ☐ Week ☐ Month
☐ Year ☒ Other **AN**(*) Is this waste regulated as a Marine Pollutant (49 CFR 171.8)? ☐ Yes ☒ No**Generator's Certification:**

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of disposition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this file.

Generator's Authorized Signature: *[Signature]*

Date

6/21/96

'96 WASTE FEES CALIF.

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

MacDermid, Inc.

245 Freight Street
Waterbury, CT 06702

ESTATE

NAVE

CA Haz Waste Fee 2003

35



PS Form 3811, August 2001 Domestic Return Receipt 102595-02/M-1540	
2. Article Number (Transfer from service label) 7002 2410 0001 9998 3690	
1. Article Addressed to: <i>State Board of Equalization P.O. Box 942874 Sacramento, CA 94279-0001</i>	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece or on the front if space permits.	
A. Signature <i>RECEIVED STATE BOARD OF EQUALIZATION MAIL SERVICES JAN 10 2003</i>	
B. Received by (Print Name) C. Date of Delivery	
D. Address E. Agent	
F. If YES, enter delivery point below: YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No	
COMPLETE THIS SECTION ON DELIVERY	
SENDER: COMPLETE THIS SECTION	

TOXIC MAIN/US EPA FEES
1001 I Street, 21st Floor
SACRAMENTO, CA 95812
916-322-5539

AMEX
CARD #*****1001*
EXPIRATION DATE : *****
DATE 07-21-2004 # A
TIME 08:38:09
SALE 7.50

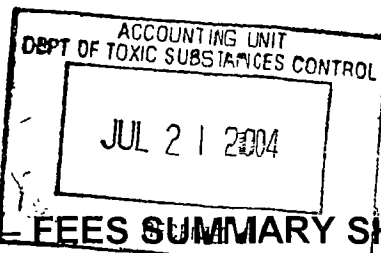
APPROVED 182186
AVS: NO

CLERK : MacDermid Inc
:

ITEM DESC: _____

X receipt _____

~~***PLEASE IMPRINT CARD***~~
----- THANK YOU -----



SCHEDULE B – FEES SUMMARY SHEET

(See back of this form for complete instructions.)

All completed forms and appropriate fees must be submitted **not later than 30 days** from the date of receipt.

A. EPA ID NUMBER VERIFICATION FEE (July 1, 2003 through June 30, 2004)

- Name of your organization: MacBerrid Inc.
- Enter the total number of California employees in your entire organization: 220
(Please read instructions for Line 2 on the back of this form.)

Number of Employees	1 – 49	50 – 74	75 – 99	100 – 249	250 – 499	500 or more
EPA ID Fee Rate	NO FEE	\$150	\$175	\$200	\$225	\$250

(Total EPA ID Number Verification Fees not to exceed \$5000)

- Enter the EPA ID Number Verification Fee rate from the table above: \$ 0
- Enter the total number of **permanent** EPA ID numbers held by your organization: 1
(NOTE: Attach a VQ form and Schedule A for **each** permanent EPA ID number you are reporting. Numbers that begin with "CAC" should not be included in your total on Line 4. See instructions.)
- Multiply Line 3 by Line 4: =\$ 0
- TOTAL** EPA ID Number Verification Fee due (Enter the dollar amount from Line 5 above OR \$5000, whichever amount is less.): \$ 0

B. MANIFEST FEE (January 1, 2003 through December 31, 2003)

- Enter the dollar amount from Line e on your Schedule A – Manifest Fee Calculation Sheet.
(If you are reporting more than one EPA ID number, enter the **TOTAL** of the dollar amounts from Line e on **all** your Schedule A – Manifest Fee Calculation Sheets.) \$ 7.50

C. GRAND TOTAL OF EPA ID NUMBER VERIFICATION FEES AND MANIFEST FEES

- Add Line A6 and Line B1, then enter the total dollar amount.
It is not uncommon to not owe fees. You are still required to complete and submit all forms.
If fee is due, please make your check payable to "DTSC" for the total amount on this line: =\$ 7.50
- *** **Please write one of your EPA ID numbers on your check.**

To pay your fees via **credit card**, complete the enclosed "EPA ID and Manifest Fee Credit Card Payment Form".

I hereby certify under penalty of perjury that the information on the Verification Questionnaire(s), Schedule A(s) and Schedule B is true and correct.

Signature of Preparer: Rich Nave
Name (please print): Rich Nave

Title: Mgr. Env. Affairs
Date: 6/22/04 Phone: 203-575-5747

THIS SECTION FOR DEPARTMENT USE ONLY			
Check No: <u>ale</u>	\$AMOUNT <u>7.50</u>	DATE: <u>07.21.04</u>	CID NO:
12560055:	12560092:	12560065:	<u>CD4-038</u>
12560035:	12560091:	AMOUNT DUE:	
12560075:	12560096:	PRIMARY ID #: <u>CA12018707222</u>	

**HAZARDOUS WASTE GENERATOR FEE AND
WASTE REPORTING SURCHARGE FEE RETURN**

DUE ON OR BEFORE 2/28/97

FOR JANUARY - DECEMBER, 1996

Mail To: HWCA RVHG04
STATE BOARD OF EQUALIZATION
ENVIRONMENTAL FEES DIVISION
PO BOX 942879
SACRAMENTO CA 94279-6011

9196

Account Number

HA HQ 36-053550

0

MAC DERMID INC
ATTEN: SHERRIE GILLIS
245 FREIGHT ST
WATERBURY

CT 06720

SAN FERNANDO RD, WEST LOS ANGELES
CADO10707222**BOARD USE ONLY**

REG	RR	PH
TR	AUD	NR
REF	QD	PI
FILE		
EFF		

**READ INSTRUCTIONS
BEFORE PREPARING**Make changes if name
or address is incorrect.

1. ☐ Please check this box if this is the last generation of hazardous waste at this site. Enter the date the hazardous waste was last generated at this site _____. If this is a consolidated account, indicate on the site line on the attached Schedule G the date waste was last generated.

A CLASSIFICATION OF GENERATING SITES (Based on amounts of hazardous waste generated during the calendar year or portion thereof)	B NUMBER OF SITES (Do not list tonnage)	C AMOUNT OF FEES	D TOTAL FEES DUE (Column B x C)
2. Generators which generate less than 5 tons	2.	0.00	
3. Generators which generate an amount equal to or more than 5 tons, but less than 25 tons	3. 1	175.00	175.00
4. Generators which generate an amount equal to or more than 25 tons, but less than 50 tons.	4.	1406.00	
5. Generators which generate an amount equal to or more than 50 tons, but less than 250 tons	5.	3517.00	
6. Generators which generate an amount equal to or more than 250 tons, but less than 500 tons	6.	17582.00	
7. Generators which generate an amount equal to or more than 500 tons, but less than 1,000 tons	7.	35164.00	
8. Generators which generate an amount equal to or more than 1,000 tons, but less than 2,000 tons	8.	52744.00	
9. Generators which generate an amount equal to or more than 2,000 tons	9.	70327.00	
10. Amount of fees (add lines 2 through 9 in Column D)	10.		\$ 175.00
11. See instructions for credit for local fees	11.		-\$
12. Amount of fees due (subtract line 11 from line 10; if line 12 is less than zero, enter zero)	12.		\$ 175.00
13. Less prepayment credit	13.		\$
14. Total fee due (subtract line 13 from line 12)	14.		\$ 175.00
15. Penalty [multiply line 14 by 10% (.10) if payment is made after the due date shown above]	PENALTY 15.		\$
16. INTEREST OF 12% PER ANNUM (0.010000 PER MONTH) IS DUE IF PAYMENT IS MADE AFTER THE DUE DATE.	INTEREST 16.		
17. TOTAL AMOUNT DUE AND PAYABLE (add lines 14, 15 and 16)	17.		\$ 175.00

I hereby certify that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

PRINT/TYPE NAME AND TITLE

SIGNATURE

PHONE NUMBER

DATE

Gregory J. Strong Mgr. Reg. Affairs

203) 575-5700

2/20/97

MAKE CHECK OR MONEY ORDER PAYABLE TO STATE BOARD OF EQUALIZATION.

Always write your account number on your check or money order. Make a copy of this document for your records.

LAIDLAW ENVIRONMENTAL SERVICES

FAX COVER SHEET

TO: GREG STRONG

COMPANY: MACDERMID (203) 575-7900 5630

FROM: Rod Buck - Customer Service Chemist

FAX REPLY TO: (909) 946-4933 OR (909) 981-6747

PAGE 1 OF _____ DATE _____ TIME _____

Greg, this is a total ⁱⁿ pounds for each
manifest for 1990.

1) manif. # 95199233 → 11,250# DATED 6/28/96

95850912 → 11,645# DATED 1/11/96

95851352 → 13,061# DATED 6/28/96

35,960 lbs. = \approx 18 tons

If pages are missing or illegible please call (909) 983-0342

Laidlaw Environmental Services of California, Inc.
1369 West Ninth Street
Upland, CA 91786

~~1484~~ LA Lab-Sales Office

**DEPARTMENT OF HEALTH SERVICES
OCCUPATIONAL HEALTH BRANCH**

2151 Berkeley Way, Annex 11, Third Floor
Berkeley, CA 94704
(510) 540-2115
FAX (510) 540-3472

June 18, 1998

Macdermid Incorporated
P O Box 671
Waterbury CT 6720 -671
47031147

*San Fernando
Pet Albert*
Request for Waiver
Fee - Granted
47031147



Dear Employer:

This letter is to inform you that your company's request for a waiver of the Occupational Lead Poisoning Fee covering the calendar year 1997 has been granted by the California Department of Health Services.

This waiver is granted on a permanent basis, assuming that there are no changes in your business operation that would introduce the presence of lead or lead-containing materials. Please note that businesses are only eligible for waivers where lead is not present in greater than a de minimus amount in the premises, materials, and processes of the business operation. If you become aware of the presence of lead in your business operation in greater than a de minimus amount, you are required by state regulation to contact us to rescind your waiver and arrange for billing of the Occupational Lead Poisoning Fee. Audits of companies that have requested waivers will continue on an ongoing basis, and your waiver status may be changed if it is determined that a waiver was granted in error.

If you need to request a refund, because you have already paid the Occupational Lead Poisoning Fee, you may include a copy of this letter and write to: State Board of Equalization, Environmental Fees Division, P.O. Box 94289, Sacramento, CA 94279-0001.

If you have any questions regarding the Occupational Lead Poisoning Prevention Program, you may call (510) 540-3448. Please leave a message, and someone from our staff will return your call. Thank you for your cooperation in this important public health program.

Sincerely Yours,

Barbara Materna

Barbara Materna, PhD., C.I.H., Chief
Occupational Lead Poisoning Prevention Program

cc: State Board of Equalization
Environmental Fees Division

Please retain this letter in your company records


47-031147

REQUEST FOR A WAIVER OF THE OCCUPATIONAL LEAD POISONING FEE

mailed 5/1/98

PART A

If label affixed is incorrect, show correct information below:

Company name <u>Same (Lab Location)</u>		(Affix label here)	
Address (number, street) <u>5439 San Fernando Rd West</u>		47031147 1997 SIC CODE: 2899	
City <u>Los Angeles</u>	State <u>CA</u>	MACDERMID INCORPORATED	
	ZIP code <u>90039</u>	P O BOX 671	
Account number (from fee return) <u>OLHQ-47-031147</u>	Standard Industrial Classification (SIC) <u>2899</u>	WATERBURY CT 6720 -671	
			

To be completed by the person conducting a lead evaluation of the company's operation:

I, the undersigned, have conducted a review of the materials and processes at the business named above. I attest that, to the best of my knowledge, the following statements are true.

1. Describe the business

Number of employees What product(s) manufactured, service(s) provided

< 10 Laboratory Analysis

2. Describe lead use (check the applicable box and complete additional documentation where required)

As defined in Section 38001 of Title 17, Division 1, Chapter 11 of the California Code of Regulations:

☐ no lead or lead-containing materials were present in any amount, or☒ lead or lead-containing materials were present only in a *de minimus amount** (see definition on page 2)

during the prior calendar year in the premises, materials and processes used in the operation of the business. Therefore, this company requests that the California Department of Health Services grant a waiver of the Occupational Lead Poisoning fee required by Section 105190 of the California Health and Safety Code.

3. Describe your affiliation

☒ I am a company employee☐ I am a consultant

Name (printed) <u>Cherrie D. Gillis</u>	Title <u>Manager-Safety</u>
Signature <u>Cherrie D. Gillis</u>	Date <u>05/07/98</u>

If a consultant, provide the following:

Company affiliation <u>—</u>	Telephone number <u>()</u>
Address (number, street)	City State ZIP code

To be completed by an authorized representative of the company requesting the fee waiver:

Under penalty of perjury, I, the undersigned, certify that the above statements are true.

Name (printed) <u>Cherrie D. Gillis</u>	Title <u>Mgr. Safety</u>
Signature <u>Cherrie D. Gillis</u>	Date <u>5/7/98</u>
	Telephone number <u>(203) 575-7947</u>

Mail to: Occupational Lead Poisoning Prevention Program
 Attention: Fee Waiver Request
 California Department of Health Services
 2151 Berkeley Way, Annex 11
 Berkeley, CA 94704

You may be required to supply additional information describing the premises, materials, and processes of your business operation to DHS before the fee waiver is granted. DHS may check the accuracy of information supplied. Attach any additional explanation to this form if you believe it is necessary to support your fee waiver request.

Identifying Lead in the Workplace

Note: The following lists are provided to help you identify common sources of lead or lead-containing materials at a worksite. This is not a complete list by any means; other sources may also be identified. You are responsible for conducting a complete review of the premises, materials (including product Material Safety Data Sheets), and processes involved in your business operation.

Processes that may involve lead:

Manufacturing:

- Lead acid batteries
- Paint*, glazes, pigments, inks, dyes
- Ceramics, tile, porcelain
- Leaded glass, crystal, stained glass
- Cable, wire products, solder
- Rubber or plastics
- Aircraft, aircraft parts, shipbuilding
- Automobiles, trucks, automotive radiators
- Firearms, bullets, explosives
- Adhesives, sealants, lubricants

Metal Working (with lead-containing metals):

- Smelting, refining, processing scrap metal
- Recycling lead, batteries, cable, etc.
- Foundry work, casting, forging
- Grinding, polishing, deburring, machining
- Soldering, brazing, tinning
- Galvanizing operations, plating/electroplating
- Heat treating, quenching, annealing

Repair: Automotive radiator repair, auto body, ship repair
Welding, cutting, sanding, grinding of lead alloys or lead-coated surfaces
Soldering, electronics repair
Repair work that disturbs lead paint

Construction:

- Painting or paint removal (sanding, abrasive blasting, scraping, torching, stripping, heat gun applications)*
- Wrecking, demolition
- Welding or cutting materials with lead-coated surfaces or lead alloys
- Remodeling/renovation
- Plumbing, glazing, brick laying, lead burning
- Construction/repair of bridges, water towers, tanks
- Cleanup of lead dust, debris, lead-contaminated soil

Other: Shooting firearms, cleanup at firing ranges
Using lead-containing paints, inks, pigments, glazes
Industrial cleaning operations

Materials that may contain lead:

Note: for product-specific information, refer to Material Safety Data Sheets provided by the product manufacturers

Pigments:

- Paints*
- Painted surfaces*--Assume lead-containing paint to be present on buildings built before 1978, or on painted metal surfaces (painted in any year)
- Glazes, frits
- Dyes
- Inks

Alloys and metal products:

- Lead
- Brass
- Bronze
- Pewter
- "White metal"
- Cast iron
- Lead-plated materials (e.g., steel strapping)
- Plumbing fittings
- Lead sheeting and pipe
- Scrap metal - lead alloys, materials with lead coatings

Repair materials:

- Solder
- Lead caulking
- Lead fillers in auto body work
- Cable coverings

Other:

- Electric storage batteries
- Ammunition
- Explosives
- Lead stabilizers in plastics
- Lead driers in paints
- Chemical additives

*Many people incorrectly believe that lead in paints is no longer a problem. In 1977, the Consumer Product Safety Commission severely limited the lead content in paint used for residences or on toys. Older painted surfaces frequently contain significant quantities of lead. Lead pigments are still used in some paint applications, often to prevent corrosion on metal surfaces.



Information about the OCCUPATIONAL LEAD POISONING PREVENTION PROGRAM

What is the Occupational Lead Poisoning Prevention Program (OLPPP)?

Senate Bill 240 (Ch. 798, Statutes of 1991) created the Occupational Lead Poisoning Prevention Program (OLPPP) in the California Department of Health Services (DHS). OLPPP's job is to prevent occupational lead poisoning by:

- Identifying workers with occupational lead poisoning and members of their households who may be at risk from lead brought home on workers' clothes or shoes.
- Following up workers with occupational lead poisoning to see that problems in the workplace are corrected and that the workers get proper medical care.
- Providing training programs and educational materials for employers, employees, and health professionals.
- Recommending measures for controlling lead exposure in the workplace.
- Investigating where and how lead poisoning occurs in industry.

Why is OLPPP needed?

For years it has been known that lead poisoning can occur in many industries where lead is used. Since 1987, medical laboratories have been required to report to DHS the names of persons whose blood tests show high levels of lead. Every year DHS receives thousands of reports of high blood lead levels in adults. Almost all involve people who work with lead. OLPPP is needed because:

- Overexposure to lead can cause serious health problems, including injury to the nervous system, reproductive system, kidneys, blood-forming system, and digestive system.
- Lead poisoning at the worksite is entirely preventable.
- Lead problems cost California employers large amounts of money in lost work time, medical bills, workers' compensation claims, law suits, low productivity, and poor employee morale.

Which employers are eligible for a Fee Waiver and how do they request one?

This is spelled out in the "Instructions for Requesting a Waiver of the Occupational Lead Poisoning Fee" contained in this packet (yellow pages).

What will happen if a company's request for a Fee Waiver is denied?

You do not have to pay the Occupational Lead Poisoning Fee while your request for a Fee Waiver is being considered. If OLPPP notifies you that your company's request for a Fee Waiver has been denied, you will be told the reason for the denial. You will then have 15 working days to ask that your Fee Waiver Request be reconsidered, and to supply additional information that may be relevant to your request. Employers who are denied Fee Waiver Requests will be sent another bill by the Board of Equalization, and will be required to pay the Occupational Lead Poisoning Fee within 30 days of notification. A 10% penalty fee for late payment will be assessed after that date.

What should a company do if they believe their Standard Industrial Classification (SIC) Code has been incorrectly assigned?

If your company is in an industry covered by the Occupational Lead Poisoning Fee requirement (see the list in Section 38005, white pages), you were sent an Occupational Lead Poisoning Fee Return by the Board of Equalization based on your SIC Code. If the SIC Code that appears on your fee return describes an activity at any California location of your business operation, regardless of whether it is the company's *primary* activity, you are required to file the return. Any questions you may have regarding your SIC Code should be directed to the Board of Equalization at (916) 323-9555. You may also contact the Board of Equalization in writing to have your SIC Code assignment reviewed. The address to write to is: Board of Equalization, Environmental Fees Division, P.O. Box 942879, Sacramento, CA 94279-0001.

How can a company get more information about the OLPPP?

Write to: Occupational Lead Poisoning Prevention Program (OLPPP)
California Department of Health Services
2151 Berkeley Way, Annex 11
Berkeley, CA 94704

Or call: (510) 540-3448. Please leave a message and a staff person will return your call.



The following consultants, all of whom are AIHA members, are available for consulting services in industrial hygiene. Their top three consulting specialties, if indicated, are identified by code numbers next to their names. The main listing is geographical followed by an alphabetized list. This paid listing is updated for the July *AIHA Journal* and will also be published in the 1998-99 *AIHA Membership Directory*, the 1998-99 AIHA CD-ROM Resource Directory, the AIHA home page, and as a separate bound publication for targeted markets. For a free copy of the bound version, or to enter or update a listing, please contact: the American Industrial Hygiene Association, Communications Division, 2700 Prosperity Ave., Suite 250, Fairfax, VA 22031; (703) 849-8888, fax (703) 207-3561. The deadline for new or revised information for 1999 is October 1, 1998.

- 1 - Asbestos
- 2 - Biological Monitoring
- 3 - Ergonomics
- 4 - Indoor Air Quality
- 5 - IH Chemistry
- 6 - Hearing Conservation/Noise Control
- 7 - Radiological Control
- 8 - Respiratory Protection
- 9 - Toxicology
- 10 - Ventilation
- 11 - Training/Instruction
- 12 - Safety Specialist
- 13 - Expert Witness
- 14 - Comprehensive IH Practice
- *15 - Environmental Practice
- 16 - Lead
- 17 - Computer Software/Information Services
- *18 - Vibration
- *19 - Management/Audits/Inspection
- *20 - Environmental & Occupational Medicine
- *21 - Emergency Management/Disaster Planning
- *New

CONSULTANTS LISTING — JANUARY 1998

GEOGRAPHICAL LISTING

CALIFORNIA

Acumen Industrial Hygiene, Inc.
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(415) 252-0778
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E-mail: mconnor1@ix.netcom.com

American Risk Consultants Corp.
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Dan Cox, Ph.D., CIH 4,13,14
Ronald C. Colfer 1,10,16
Mary A. Harvey 6,8,11
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(714) 852-8489 FAX

California Environmental
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(707) 226-9642 FAX
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CAPE Environmental Management, Inc.
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(714) 427-6161 FAX

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Sally Lagomarsino, CIH 1,4,14
Lisa K. Simkins, CIH, PE 1,13,14
Robert Sutay, CIH, PE 7,13,14
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(510) 426-0106 FAX

The Cohen Group
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Timothy R. Bormann, CIH 6,12,14
Gregory E. Raymond, CIH, CSP 4,9,14
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(650) 349-3378 FAX
E-mail: cohengrp@prodigy.net

Cohrssen Environmental, Inc.
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(415) 775-4163 FAX
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CTL Environmental Services
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Radian International LLC

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Kim Worl, IIIT 4,11,14
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RGA Environmental, Inc.

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RMR Environmental Awareness

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(310) 306-8685 FAX

Rust Environment & Infrastructure

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chris_evanston@ccmail.rustci.com

Sterling & Associates, Inc.

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**Toxichem Management
Systems, Inc.**

Daniel W. Hernandez, CIH, MPH
9,14,15
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(408) 292-3266
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Woodward, Alpert & Associates

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Woodward-Clyde

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Charles W. Self, CIH 13,15,19
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(714) 667-7147 FAX
Ronald A. Miller - Contact

California Department of Health Services Emergency Regulations
Effective May 1, 1997

TITLE 17 CALIFORNIA CODE OF REGULATIONS DIVISION 1
CHAPTER 11. OCCUPATIONAL LEAD POISONING PREVENTION PROGRAM

Article 1. Definitions

Section 38001. Occupational Lead Poisoning Prevention Program: Definitions.

- (a) "Altered or disturbed" means subjected to a process that may result in the release of dust, mist, fume, or other particles; such processes may include, but are not limited to, cutting, welding, grinding, polishing, machining, scraping, melting, sanding, spraying or pressure blasting.
- (b) "De minimus amount" means any of the following:
- (1) Lead present in materials which are altered or disturbed and have a lead concentration less than 0.5% (5000 ppm) by weight;
 - (2) Lead present in materials where the total weight of such materials altered or disturbed during the calendar year is known to be 16 ounces (one pound) or less by weight;
 - (3) Lead present in materials where no such material is altered or disturbed at any individual employee's place of employment on more than one day during the calendar year, i.e., if no employee works on more than one day during the calendar year in any location where lead-containing materials are being altered or disturbed, then the amount is de minimus.
- (c) "Employee" means any individual employed for at least 160 hours in the prior calendar year, regardless of whether the individual's specific job involved potential exposure to lead or lead-containing materials.
- (d) "Lead evaluation" means a review of the place of employment and the materials and processes involved in the operation of an employer's business, including but not limited to review of Material Safety Data Sheets or other manufacturer-supplied data, product labeling, or analytical testing results for presence of lead in materials of unknown composition.
- (e) "Lead was not present at the place of employment" means that no amount of lead or lead-containing material was present at the place of employment or in the materials and processes used in the operation of the employer's business, with the following exceptions:
- (1) Lead that was not altered or disturbed during the operation of the employer's business and was present in a form, or contained in such a manner, that it could not be inhaled or ingested (examples are undisturbed building materials, unused materials and supplies, intact lead storage batteries); or
 - (2) Lead present as a result of general environmental contamination which was not the result of the operation of the employer's business.
- (f) "Metal work" means the machining or casting of metals or metal alloys.

(f) An employer's request for a fee waiver may be denied for any of the following reasons:

- (1) Identification of the presence of lead in a greater than de minimus amount at the place of employment or in the materials or processes used in the operation of the employer's business; or
- (2) Failure of an employer to request a fee waiver and supply the documentation required in Section 38003(d) within 180 days following the due date of the Occupational Lead Poisoning Fee; or
- (3) Failure of an employer to provide sufficient and accurate information by which to evaluate the request for a fee waiver.

(g) The Department shall give written notice to the employer of the denial of an employer's request for a fee waiver and the reason or reasons for the denial.

(h) An employer whose request for a fee waiver is denied shall have 15 working days from receipt of notice of the denial to request a reconsideration of the denial and to supply any additional facts which the employer believes support the granting of the fee waiver request.

Section 38003. Procedures for Application of a Waiver.

(a) An employer requesting a fee waiver shall conduct a lead evaluation of the premises, materials and processes used in the operation of the employer's business during the prior calendar year to determine whether lead was present. This evaluation shall include, but not be limited to, review of Material Safety Data Sheets or other manufacturer-supplied data, product labeling, or analytical testing results for presence of lead in materials of unknown composition.

(b) An employer requesting a fee waiver shall establish that lead was not present, or was present only in a de minimus amount, at the place of employment during the prior calendar year.

(c) An employer requesting a fee waiver shall have 180 days following the due date of the Occupational Lead Poisoning Fee to submit documentation that lead was not present, or was present only in a de minimus amount, at the place of employment during the prior calendar year.

(d) An employer requesting a fee waiver shall demonstrate that lead was not present, or was present only in a de minimus amount, at the place of employment by providing documentation that includes:

- (1) A Request for a Waiver of the Occupational Lead Poisoning Fee DHS Form 8484 (4/97) which is hereby incorporated by reference, containing the following information:

(A) Name, title, and affiliation of the person who conducted the lead evaluation of the employer's business operation as outlined in Section 38003 (a) and, if a consultant, also telephone number and address.

(B) Statement signed by the person conducting the lead evaluation that attests that, to the best of the person's knowledge, no lead or lead-containing materials were present in any amount, or were present only in a de minimus amount (as defined in Section 38001 of Title 17 of the California Code of Regulations) during the prior calendar year, in the premises, materials and processes used in the operation of the business.

- (2) The potential for lead use within the industries classified under the employer's Standard Industrial Classification Code;
 - (3) The likelihood that the employer's business operation may change over time, causing lead to become present at the place of employment in a greater than de minimus amount.
- (b) The Department shall, at the time a fee waiver is granted, inform the employer of whether the waiver is granted on a permanent or annual basis.
- (c) The Department shall rescind a company's permanent waiver of the Occupational Lead Poisoning Fee if the Department obtains evidence, including but not limited to a substantiated case report of occupational lead poisoning in an employee, that indicates that lead is present in a greater than de minimus amount at the place of employment.
- (d) The Department shall rescind a company's annual waiver of the Occupational Lead Poisoning Fee if the Department obtains evidence, including but not limited to a substantiated case report of occupational lead poisoning in an employee, that indicates that lead was present in a greater than de minimus amount at the place of employment during the calendar year for which the annual waiver was granted.
- (e) An employer who is granted a permanent fee waiver shall notify the Department within 30 days of any changes in the premises, materials or processes used in the operation of the business that result in lead being present in a greater than de minimus amount at the place of employment.
- (f) An employer who is granted an annual waiver shall notify the Department within 30 days if the employer becomes aware that lead was present in a greater than de minimus amount at the place of employment during the calendar year for which the annual waiver was granted.

Article 3. Applicable Industries

Section 38005. Occupational Lead Poisoning Fee: Applicable Industries.

- (a) The list of industries in Section 105195 of the California Health and Safety Code for which the Occupational Lead Poisoning Fee is applicable is hereby modified as follows:

	<u>SIC Code</u>	<u>Industry</u>
(1)	1041	Gold ores
(2)	1521	General contractors - Single-family houses
(3)	1541	General contractors - Industrial buildings and warehouses
(4)	1542	General contractors - Nonresidential buildings, other than industrial buildings and warehouses
(5)	1611	Highway and street construction, except elevated highways
(6)	1622	Bridge, tunnel, and elevated highway construction
(7)	1623	Water, sewer, pipeline and communications and power line construction
(8)	1629	Heavy construction, not elsewhere classified
(9)	1711	Plumbing, heating, and air-conditioning
(10)	1721	Painting and paper hanging
(11)	1761	Roofing, siding and sheet metal work
(12)	1791	Structural steel erection
(13)	1795	Wrecking and demolition work
(14)	1796	Installation or erection of building equipment, not elsewhere classified

(67)	3492	Fluid power valves and hose fittings
(68)	3494	Valves and pipe fittings, not elsewhere classified
(69)	3496	Miscellaneous fabricated wire products
(70)	3497	Metal foil and leaf
(71)	3532	Mining machinery and equipment, except oil and gas field machinery and equipment
(72)	3544	Special dies and tools, die sets, jigs and fixtures, and industrial molds
(73)	3561	Pumps and pumping equipment
(74)	3567	Industrial process furnaces and ovens
(75)	3585	Air-conditioning and warm air heating equipment and commercial and industrial refrigeration equipment
(76)	3599	Industrial and commercial machinery and equipment, not elsewhere classified
(77)	3624	Carbon and graphite products
(78)	3661	Telephone and telegraph apparatus
(79)	3663	Radio and television broadcasting and communications equipment
(80)	3669	Communications equipment, not elsewhere classified
(81)	3671	Electron tubes
(82)	3674	Semiconductors and related devices
(83)	3678	Electronic connectors
(84)	3679	Electronic components, not elsewhere classified
(85)	3691	Storage batteries
(86)	3692	Primary batteries, dry and wet
(87)	3699	Electrical machinery, equipment and supplies, not elsewhere classified
(88)	3711	Motor vehicles and passenger car bodies
(89)	3714	Motor vehicle parts and accessories
(90)	3721	Aircraft
(91)	3728	Aircraft parts and auxiliary equipment, not elsewhere classified
(92)	3812	Search, detection, navigation, guidance, aeronautical, and nautical systems and instruments
(93)	3825	Instruments for measuring and testing of electricity and electrical signals
(94)	3829	Measuring and controlling devices, not elsewhere classified
(95)	3844	X-ray apparatus and tubes and related irradiation apparatus
(96)	3914	Silverware, plated ware, and stainless steel ware
(97)	3949	Sporting and athletic goods, not elsewhere classified
(98)	3953	Marking devices
(99)	3965	Fasteners, buttons, needles, and pins
(100)	4813	Telephone communications, except radiotelephone
(101)	4911	Electric services
(102)	5064	Electrical appliances, television and radio sets
(103)	5093	Scrap and waste materials
(104)	5941	Sporting goods stores and bicycle shops
(105)	7381	Detective, guard, and armored car services
(106)	7538	General automotive repair shops
(107)	7539	Automotive repair shops, not elsewhere classified
(108)	7997	Membership sports and recreation clubs
(109)	7999	Amusement and recreation services, not elsewhere classified
(110)	8734	Testing laboratories



MacDermid
INCORPORATED

245 FREIGHT STREET • WATERBURY, CT 06702 • TELEPHONE (203) 575-5700 • INTL FAX 203-575-7900 • DOM FAX 203-575-5630

February 24, 1998

State Board of Equalization
Environmental Fees Division
P.O. Box 942879
Sacramento, CA 94279-6029

REFERENCE ACCOUNT OL EF 47-031147

Gentlemen:

Regarding Account 47-031147, this is a duplicate of 47025587. Please delete 47-031147 in your system. We are unsure how a duplication came about.

Account 47025587 was granted a permanent waiver. There is still no change in our business operation that would introduce the presence of lead above de minimus levels.

Sincerely,

Cherrie D. Gillis
Manager - Safety

CDG:MAO

Lead de minimus
is $< 5\%$ or 500ppm

Per Darren - level the
request for waiver (attached)
to play it doubly safe.



**OCCUPATIONAL LEAD POISONING FEE RETURN
FOR CATEGORY "A" REPORTING**

DUE ON OR BEFORE 02/28/98 FOR JANUARY - DECEMBER, 1997

Mail To: OCLP RVLA04
STATE BOARD OF EQUALIZATION
ENVIRONMENTAL FEES DIVISION
PO BOX 942879
SACRAMENTO CA 94279-6029

6697

Account Number

OL EF 47-031147

1

MACDERMID INCORPORATED
P O BOX 671
WATERBURY

CT 6720 -0671

BOARD USE ONLY		
REG	RR	PR
TR	AUD	NR
REF	QD	PI
FILE		
EFF		

**READ INSTRUCTIONS
BEFORE PREPARING**Make changes if name
or address is incorrect

SIC CODE: 2899

All employers in industries with evidence of a potential for lead poisoning are required to file the Occupational Lead Poisoning Fee Return. This return is being sent to you because you have been identified by the Department of Health Services as being in one of these industries.

Please read the instructions on the reverse side before you begin. Then read Sections A and B below and complete the section that is applicable to you. Mail the return, along with any payment due, to the address above.

SECTION A**Complete this section if you are requesting a fee waiver.**

☒ 1a. I will request a fee waiver because lead or lead containing materials were not present or were present in a de minimus (minimal) amount at any California site of my business operation during the calendar year. I understand that if I do not request a waiver within 180 days following the due date of this return and/or if a waiver is not granted, the fee plus applicable interest will be due.

☒ 1b. Check here if you have applied for a fee waiver before and only need a new application.

If you checked either box above, do the following:

2. Enter the total number of your employees at all California locations (see Definitions on the back of the form).
3. Sign and date this return and send it to the address above. Maintain a copy for your records. **The filing of this return is required, but it does not constitute a fee waiver request.**
4. A fee waiver application and instructions will automatically be sent to you after this return is received by the Board of Equalization. Indicate any corrections to your address above.

SECTION B**Complete this section if you are NOT requesting a fee waiver.**

A NUMBER OF EMPLOYEES DURING CALENDAR YEAR COVERED BY THIS RETURN (Mark the category that applies to your business; see definitions on the back of this form) (X)		B AMOUNT OF FEE	C AMOUNT OF FEE DUE
1. Less than 10 employees	1.	\$ 0.00	\$
2. 10 to 99 employees	2.	202.00	
3. 100 to 499 employees	3.	405.00	
4. 500 or more employees	4.	1011.00	
5. Enter the total fee due (amount from line 1, 2, 3 or 4)		5.	\$
6. Penalty [multiply line 5 by 10% (.10) if payment is made after the due date shown above]		PENALTY 6.	\$
7. INTEREST OF 12% PER ANNUM (0.010000 PER MONTH) IS DUE IF PAYMENT IS MADE AFTER THE DUE DATE.		INTEREST 7.	\$
8. TOTAL AMOUNT DUE AND PAYABLE (add lines 5, 6 and 7)		8.	\$

I hereby certify that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

PRINT/TYPE NAME

SIGNATURE

PHONE NUMBER

DATE

Chernie D. Gullis

Chernie D. Gullis

(203) 575-7947

3-5-98

MAKE CHECK OR MONEY ORDER PAYABLE TO STATE BOARD OF EQUALIZATION

OCCUPATIONAL LEAD POISONING FEE RETURN INSTRUCTIONS

GENERAL INFORMATION

Section 105190 of the California Health and Safety Code requires all employers with 10 or more employees in an industry where there is evidence of a potential for occupational lead poisoning to file the Occupational Lead Poisoning Fee Return. Those employers who do not have lead or lead-containing materials present in any amount or who only have a de minimus (minimal) amount in their business operations may request a fee waiver which, if granted, will relieve them of paying a fee for the calendar year. Employers with 10 or more employees not requesting a waiver are subject to the fee. These fees are used to fund the Occupational Lead Poisoning Prevention Program in the Department of Health Services (DHS).

Each year DHS provides the Board of Equalization (BOE) with a list of industries which DHS has determined have the potential for occupational lead poisoning. The industries are designated by the Standard Industrial Classification (SIC) codes. DHS also provides the BOE with a list of employers whose business operations fall within the listed industries.

DEFINITIONS (According to Section 38001 of Title 17 of the California Code of Regulations)

Employee means any individual employed for at least **160 hours** in the prior calendar year (during the reporting period shown on the front of this return), regardless of whether the individual's specific job involved potential exposure to lead or lead-containing materials.

Standard Industrial Classification (SIC) code means a system of four-digit numerical codes to designate the activities of a business operation, set forth by the U.S. Office of Management and Budget in the Standard Industrial Classification Manual, 1987.

Lead was not present at the place of employment means that no amount of lead or lead-containing material was present at the place of employment or in the materials and processes used in the operation of the employer's business, with the following exceptions:

- (1) Lead that was not altered or disturbed during the operation of the employer's business and was present in a form, or contained in such a manner, that it could not be inhaled or ingested (examples are undisturbed building materials, unused materials and supplies, intact lead storage batteries); or
- (2) Lead present as a result of general environmental contamination which was not the result of the operation of the employer's business.

De minimus amount means any of the following:

- (1) Lead present in materials which are altered or disturbed and have a lead concentration less than 0.5% (5,000 ppm) by weight;
- (2) Lead present in materials where the total weight of such materials altered or disturbed during the calendar year is known to be 16 ounces (one pound) or less by weight; or
- (3) Lead present in materials where no such material is altered or disturbed at any individual employee's place of employment on more than one day during the calendar year (i.e., if no employee works on more than one day during the calendar year in any location where lead-containing materials are being altered or disturbed, then the amount is de minimus).

HOW TO FILE

Review the following information to determine which section on the front of the return you are required to complete.

"SECTION A" on this return is provided to inform the BOE that no fee is required at this time because a fee waiver will be requested. Only employers who do not have lead or lead-containing materials present or who only have a de minimus (minimal) amount present at any California site qualify to claim a waiver. If you will be requesting a waiver you should complete Section A and follow the instructions it contains. **A fee waiver application and instructions will automatically be sent to you if you check the box in Section A.** Employers that wish to request a fee waiver must send their completed application to the DHS within 180 days of the due date of this return. For specific questions regarding fee waivers contact the DHS Occupational Lead Poisoning Prevention Program by calling (510) 540-3448. The address is: Department of Health Services, OLPPP, 2151 Berkeley Way, Annex 11, Berkeley, CA 94704. Persons completing this section may file the return without payment. However, if a waiver request and documentation are not submitted as required or a waiver is not granted, the fee is due. The BOE will bill you for any fee due plus interest at the statutory rate. **EMPLOYERS COMPLETING THIS SECTION NEED NOT COMPLETE SECTION B.**

"SECTION B" on the return is provided for employers to report and pay fees due. Employers who have a business operation described by a SIC code listed in Title 17 CCR Section 38005, and who have not completed "SECTION A" are required to complete this section and pay any fee due. If you have any questions about how to complete this section, contact the State Board of Equalization at (916) 323-9555.

PREPARATION OF RETURN

Read Sections A and B on the front of the return and complete the section that is applicable to you. Complete the bottom line of the return, sign it, and send it along with any payment due to the Board of Equalization at the address on the front of the return. Retain a copy of the return for your records and please refer to your account number on the top of the return in any correspondence you send regarding the return.

**IF YOU WISH ADDITIONAL INFORMATION, PLEASE CONTACT THE STATE BOARD OF EQUALIZATION,
ENVIRONMENTAL FEES DIVISION, PO BOX 942879, SACRAMENTO, CA 94279-0057, TELEPHONE (916) 323-9555.**

ENVIRONMENTAL FEES NEWSLETTER

STATE BOARD OF EQUALIZATION

Semiannual Issue
January 1998

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Published by the
Environmental Fees Division
California State Board
of Equalization
450 N Street MIC 57
P.O. Box 942879
Sacramento, CA 94279-0057

FEATURED ARTICLES

1. *SB 660 Restructures and Simplifies Hazardous Waste Fee System*
2. *Settlement Program for Appeals and Claims for Refund*
3. *SIC Code Change Requests — Occupational Lead Poisoning Prevention Fee*
4. *Board Developing Regulations for Two Fee Programs*
5. *Check Your Records Before Filing Your Generator Fee Return*
6. *Reminder: Local Fee Payments Not Deductible on 1997 Returns*
7. *Corporations Should File Individual Environmental Fee Returns*

1. SB 660 RESTRUCTURES AND SIMPLIFIES HAZARDOUS WASTE FEE SYSTEM

Senate Bill 660 (Chapter 870, Statutes of 1997), the Environmental Cleanup and Fee Reform Act of 1997, makes significant changes to the state's hazardous waste fee system. This article describes some of the changes resulting from passage of the legislation. For more complete information, you may wish to obtain a copy of the bill (see next page).

Facility fees

Senate Bill 660 (SB 660) reduces the facility fee base rate to \$20,190, effective January 1, 1998. The rate reduction will be reflected on returns for the 1998 reporting period.

SB 660 also creates a new "large offsite treatment facility" category and fee rates; decreases facility fees for facilities with postclosure permits by more than 23 percent; and decreases facility fees for conditionally exempt, permit-by-rule, and conditionally authorized facilities (see January 1, 1998, rate table mailed with this newsletter).

Activity fees

As of July 1, 1998, a new reimbursement agreement will replace certain hazardous waste activity fees. Persons who make new applications or requests for facility permits, postclosure permits, permit renewals, modifications to existing permits, waste classification determination, or variances will be required to enter into a written agreement with the Department of Toxic Substances Control (DTSC). The applicant or requesting party must agree to reimburse the DTSC for costs incurred in processing their application or responding to their request. In lieu of entering into a reimbursement agreement, an applicant for a new permit, permit for postclosure, renewal of an existing permit, or class 2 or class 3 permit modification will have the option of paying specified activity fees to the Board of Equalization (Board).

Generator fee and surcharge

SB 660 repeals the annual waste reporting surcharge, effective January 1, 1998. In addition, the generator fee base rate will be reduced to \$2,808 for the 1998 reporting period.

The legislation also requires the Board — if directed by the DTSC and if funds are available — to issue refunds of some or all of the 1997 generator fee and fee surcharge payments. The refunds would be issued only to generators who received a credit for fees paid to a local hazardous waste management program for hazardous waste generated in 1996.

The refund amount would be limited to the amount of the credit for 1996 waste generation or the amount paid to a certified unified program agency in 1997, whichever is less.



Environmental Fee Rates • January 1, 1998

Table V — Occupational Lead Poisoning Prevention Fee

1997 Rate

Employees	Category A	Category B
10 – 99	\$ 202	\$ 289
100 – 499	405	810
500 or more	1,011	2,316

Table VI — Activity Fees

Facility Permits, Variances, Modifications, and
Fee on Potentially Responsible Parties, *through June 30, 1998*¹

Category	1998 ¹ Fee Rate	Category	1998 ¹ Fee Rate
Land Disposal Facility Permit Application		Class 1 Permit Modification (requiring written approval)	
Large Facility	\$ 389,883	Per Unit	643
Medium Facility	227,004	Maximum Per Application	1,926
Small Facility	106,448		
Incineration Facility Requiring a Permit		Class 1 Permit Modification (not requiring written approval)	
Large Facility	233,416	Per Unit	129
Medium Facility	135,947	Maximum Per Application	643
Small Facility	64,124		
Storage or Treatment Facility Permit Application		Class 2 and 3 Permit Modification	% varies
Large Facility	76,951	Facility Postclosure Permit	
Medium Facility	39,757	Large Facility	38,474
Small Facility	21,803	Medium Facility	23,086
Standardized Permit Facility Permit Application		Small Facility	10,258
Series A Permit	32,748	Transportable Treatment Unit Conversion	519
Series B Permit	20,445	Fee for Transporting or Producing Extremely Hazardous Waste	256
Series C Permit	5,449	Waste Classification Fees	
Series C Permit (Small Quantity)	5,449	Hazardous or Nonhazardous	9,621
Transportable Treatment Unit Permit Application		Additional requests (same waste stream)	1,282
Large Unit	76,951	Land Designation	
Medium Unit	38,474	Preliminary Endangerment Assessment	9,621
Small Unit	16,674	Risk Assessment	9,621
Variance Application		Oversight of Preliminary Endangerment Assessment	8,718
Storage Requirements	3,847		
Section 25179.8	385		
Alternative Methods	385		
From Hauler Requirements	1,026		
Other Variances	10,258		

¹ Effective July 1, 1998, a new cost reimbursement agreement system will generally replace activity fees.

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO
CONNECTION TEL
SUBADDRESS
CONNECTION ID
ST. TIME
USAGE T
PGS.
RESULT

1141

919163270859

02/17 15:56

01'03

2

OK

CA lead fee

DATE FAXED

**MacDermid**
INCORPORATED

245 Freight Street - Waterbury, Connecticut 06702 - Telephone (203) 575-5700
INTERNATIONAL FAX 203-575-7900 TX #

FACSIMILEDate: 2-17-98# Pages: 2To: Darrin Hoffman OF Brd of E.From: Cherrie Gillis

cc via FAX: _____ OF _____

cc: _____

Re: 916-327-0859

Waiver letter
Acct: 47-031147

C. Gillis

203-575-7947

Phone: 916-327-7290
Darrin Hoffman

Depluade
Closeout

**DEPARTMENT OF HEALTH SERVICES
OCCUPATIONAL HEALTH BRANCH**2151 Berkeley Way, Annex 11, Third Floor
Berkeley, CA 94704

Dear Employer:

In response to an Occupational Lead Poisoning Fee billing from the Board of Equalization, you ordered an informational packet on how to request a waiver of the Occupational Lead Poisoning Fee. This packet contains everything you need to file a Fee Waiver Request. It is designed to answer your questions about this procedure and the Occupational Lead Poisoning Prevention Program (OLPPP). Be aware that employers using or disturbing only very small amounts of lead are now eligible for a fee waiver. This is spelled out in the instructions that follow this cover letter. The packet includes the following items:

1. Instructions for Requesting a Waiver of the Occupational Lead Poisoning Fee for Calendar Year 1997 (yellow);
2. Request for a Waiver of the Occupational Lead Poisoning Fee (yellow);
3. Identifying Lead in the Workplace (green) - information to help determine if lead is present in your workplace;
4. Information about the Occupational Lead Poisoning Prevention Program (blue) - information on how these fees are used;
5. AIHA Consultants Listing (pink) - a list of industrial hygiene consultants if you decide you need to use one;
6. Department of Health Services (DHS) regulations pertaining to the Occupational Lead Poisoning Prevention Program (white).

Before you do anything else, please read the Instructions (yellow colored sheets), to determine if you are eligible to apply for a Fee Waiver. In particular, if your company is involved with construction; handling or processing scrap metal, metal work; or detective, guard, armored car and other security services, be sure to note the requirements that apply to you if you plan to request a Fee Waiver. If after reading the instructions you believe you are eligible, then proceed by following the instructions carefully and completing each step. Please keep in mind that if the instructions are not followed correctly, your Fee Waiver Request may not be granted. **The final deadline for receipt of your Fee Waiver Request at our Berkeley address is August 31, 1998.**

Please take the time to read this information, so the Fee Waiver process may be as efficient and simple as possible for both your company and our program. The enclosed materials are self-explanatory. Thank you for your cooperation.

Thank you,

A handwritten signature in cursive script, appearing to read "Barbara Materna".

Barbara Materna, Ph.D., C.I.H., Chief
Occupational Lead Poisoning Prevention Program

Enclosures

**INSTRUCTIONS FOR
REQUESTING A WAIVER OF THE
OCCUPATIONAL LEAD POISONING FEE
FOR CALENDAR YEAR 1997**

SUMMARY

The steps your company needs to follow if you wish to request a Fee Waiver are summarized below, then described in more detail on the following pages:

1. Designate a person to determine if lead is present in your company's operations.
2. Determine your company's eligibility for a Fee Waiver.
3. If your company is involved in any of the following, read and understand the additional factors that determine your eligibility:
 - Construction work;
 - Detective, guard, armored car, or other security services;
 - Metal work (machining or casting metal); or
 - Handling or processing scrap metal.
4. If you are not eligible for a Fee Waiver, pay the fee to the State Board of Equalization (BOE) in Sacramento.
5. If you are eligible for a Fee Waiver:
 - a. Complete Part A of the Request for a Waiver of the Occupational Lead Poisoning Fee, Form DHS 8484 (4/97).
 - b. Complete Part B, C, D or E of Form DHS 8484 if your company's operations include any of activities listed in 3. above.
 - c. Send the completed Form DHS 8484 to OLPPP in Berkeley.

Note: The final deadline for receipt of all materials by OLPPP is August 31, 1998.

OVER-->

2. Lead present as a result of general environmental contamination which was not the result of the operation of the employer's business.

b. Your company is also eligible for a Fee Waiver if only a "de minimus amount" of lead is found to have been present in the company's operations during the prior calendar year. "De minimus amount" is a legal term meaning a very small amount and is given a specific definition in the fee waiver regulations.

In many different industrial operations the amount of lead used or disturbed can only feasibly be measured in different ways--by the concentration in the material, by the total weight, or by the frequency and duration of use or disturbance. For this reason "de minimus amount" of lead is given three alternate definitions; each definition sets a threshold below which the amount of lead present becomes "de minimus." The alternate definitions of "de minimus" allow the employer to use the definition which is most appropriate to the company's operations.

As defined in the regulations, "de minimus amount" means any of the following:

1. Lead present in materials which are altered or disturbed and have a lead concentration less than 0.5% (5000 ppm) by weight;
 2. Lead present in materials where the total weight of such materials altered or disturbed during the calendar year is known to be 16 ounces (one pound) or less by weight;
 3. Lead present in materials where no such material is altered or disturbed at any individual employee's place of employment on more than one day during the calendar year, i.e., if no employee works on more than one day during the calendar year in any location where lead-containing materials are being altered or disturbed, then the amount is de minimus.
- 3. If, during 1997, your company was involved in any of the following there are additional requirements that must be met:**

a. Construction work

All companies involved in construction work must complete Part B of the Fee Waiver form (DHS 8484). Completing Part B ensures that the company directly addresses the specific issues that determine its eligibility for a fee waiver.

Part B addresses the following requirements that are spelled out in the fee waiver regulations:

- Painting Operations: An employer whose operations involved painting is not eligible for a Fee Waiver if, during the prior calendar year, any employees altered or disturbed paint in or on a building constructed

5. If you determine that lead was not present in a greater than de minimus amount (see definition above in 2b.) at any of your places of employment in California during 1997, complete steps 5a, 5b (if applicable), and 5c:

5a. Complete Part A of the "Request for a Waiver of the Occupational Lead Poisoning Fee", Form DHS 8484 (yellow sheet stapled to these Instructions) by having the person who conducted the lead evaluation sign the top section and an authorized representative of your company sign the bottom section (both sections may be completed by the same person if appropriate). *Be sure to complete the entire form. Include a detailed description of your business operation (e.g., do not just say "manufacturing"--state specifically what product is manufactured or service provided). Failure to supply adequate information on which OLPPP can evaluate your Fee Waiver Request may result in the Fee Waiver Request being denied.*

5b. If your company's operations involved any of the following during the prior calendar year complete the applicable additional part of Form DHS 8484:

- | | |
|---|--------------------|
| • Construction work | -- complete Part B |
| • Detective, guard, armored car, or other security services | -- complete Part C |
| • Metal work (machining or casting metal) | -- complete Part D |
| • Handling or processing scrap metal | -- complete Part E |

5c. Mail the completed "Request for a Waiver of the Occupational Lead Poisoning Fee", Form DHS 8484 (4/97), to OLPPP at the Department of Health Services in Berkeley (address is on forms) **before August 31, 1998.**

Some additional points:

- Maintain a copy of your completed Form DHS 8484 for your records. Maintain a file on any subsequent additional correspondence with BOE and DHS.
- Your company may receive a follow-up call or letter from OLPPP requesting further information about your business operation before a decision regarding your Fee Waiver Request is made. Failure to respond by the date specified with the additional requested information may result in denial of your Fee Waiver Request. OLPPP may check the accuracy of information supplied.
- OLPPP will notify your company in writing when a decision regarding your Fee Waiver Request has been made. This may take several months.
- If your Fee Waiver Request is denied, you will be informed in writing of the reasons for the denial. You will then have 15 working days to ask that your Fee Waiver Request be reconsidered, and to supply additional information to OLPPP to support your claim that lead was not present at your workplace in 1997.

**DEPARTMENT OF HEALTH SERVICES
OCCUPATIONAL HEALTH BRANCH**2151 Berkeley Way, Annex 11, Third Floor
Berkeley, CA 94704
(510) 540-2115
FAX (510) 540-3472

47-025587



August 23, 1997

Lead de minimus
is $< .5\%$ or
5000 ppmMacdermid Incorporated
5439 W San Fernando Rd West
Los Angeles CA 90039-1014
47025587Act 47025587
Waiver

Dear Employer:

This letter is to inform you that your company's request for a waiver of the Occupational Lead Poisoning Fee covering the calendar year 1996 has been granted by the California Department of Health Services.

This waiver is granted on a permanent basis, assuming that there are no changes in your business operation that would introduce the presence of lead or lead-containing materials. Please note that businesses are only eligible for waivers where lead is not present in greater than a de minimus amount in the premises, materials, and processes of the business operation. If you become aware of the presence of lead in your business operation in greater than a de minimus amount, you are required by state regulation to contact us to rescind your waiver and arrange for billing of the Occupational Lead Poisoning Fee. Audits of companies that have requested waivers will continue on an ongoing basis, and your waiver status may be changed if it is determined that a waiver was granted in error.

If you need to request a refund, because you have already paid the Occupational Lead Poisoning Fee, you may include a copy of this letter and write to: State Board of Equalization, Environmental Fees Division, P.O. Box 94289, Sacramento, CA 94279-0001.

If you have any questions regarding the Occupational Lead Poisoning Prevention Program, you may call (510) 540-3448. Please leave a message, and someone from our staff will return your call. Thank you for your cooperation in this important public health program.

Sincerely Yours,


Barbara Materna, PhD., C.I.H., Chief
Occupational Lead Poisoning Prevention Programcc: State Board of Equalization
Environmental Fees Division

Please retain this letter in your company records

REQUEST FOR A WAIVER OF THE OCCUPATIONAL LEAD POISONING FEE

PART A

If label affixed is incorrect, show correct information below:

Company name <i>MacDermid, Inc</i>		(Affix label here)	
Address (number, street) <i>5439 San Fernando Rd West</i>		47025587	SIC CODE: 2819
City <i>LA, CA</i>	State <i>CA</i>	MACDERMID INCORPORATED	
	ZIP code <i>90039</i>	245 FREIGHT STREET	
Account number (from fee return) <i>OLHQ-47-</i>	Standard Industrial Classification (SIC) <i>2899</i>	WATERBURY CT 06702-0000	
			

To be completed *by the person conducting a lead evaluation of the company's operation*:

I, the undersigned, have conducted a review of the materials and processes at the business named above. I attest that, to the best of my knowledge, the following statements are true.

1. Describe the business

Number of employees <i>< 10</i>	What product(s) manufactured, service(s) provided <i>Laboratory Analysis</i>
---------------------------------------	---

2. Describe lead use (check the applicable box and complete additional documentation where required)

As defined in Section 38001 of Title 17, Division 1, Chapter 11 of the California Code of Regulations:

☒ no lead or lead-containing materials were present in any amount, or☐ lead or lead-containing materials were present only in a *de minimus amount** (see definition on page 2)

during the prior calendar year in the premises, materials and processes used in the operation of the business. Therefore, this company requests that the California Department of Health Services grant a waiver of the Occupational Lead Poisoning fee required by Section 105190 of the California Health and Safety Code.

3. Describe your affiliation:

☒ I am a company employee☐ I am a consultant

Name (printed) <i>Cherrie D Gillis</i>	Title <i>Manager, Safety</i>
Signature <i>Cherrie D Gillis</i>	Date <i>6/30/97</i>

If a consultant, provide the following:

Company affiliation	Telephone number ()
Address (number, street)	City
	State
	ZIP code

To be completed by an *authorized representative of the company requesting the fee waiver*:

Under penalty of perjury, I, the undersigned, certify that the above statements are true.

Name (printed)	Title
Signature	Date
	Telephone number
	()

Mail to: Occupational Lead Poisoning Prevention Program
 Attention: Fee Waiver Request
 California Department of Health Services
 2151 Berkeley Way, Annex 11
 Berkeley, CA 94704

You may be required to supply additional information describing the premises, materials, and processes of your business operation to DHS before the fee waiver is granted. DHS may check the accuracy of information supplied. Attach any additional explanation to this form if you believe it is necessary to support your fee waiver request.

**DEPARTMENT OF HEALTH SERVICES
OCCUPATIONAL HEALTH BRANCH**2151 Berkeley Way, Annex 11, Third Floor
Berkeley, CA 94704

6/4/97



Dear Employer:

In response to an Occupational Lead Poisoning Fee billing from the Board of Equalization, you ordered an informational packet on how to request a waiver of the Occupational Lead Poisoning Fee. This packet contains everything you need to file a Fee Waiver Request. It is designed to answer your questions about this procedure and the Occupational Lead Poisoning Prevention Program (OLPPP). Be aware that the fee waiver regulations have recently been changed so that employers using or disturbing only very small amounts of lead may now be eligible for a fee waiver. This is spelled out in the instructions that follow this cover letter. The packet includes the following items:

1. Instructions for Requesting a Waiver of the Occupational Lead Poisoning Fee for Calendar Year 1996 (yellow);
2. Request for a Waiver of the Occupational Lead Poisoning Fee (yellow);
3. Identifying Lead in the Workplace (green) - information to help determine if lead is present in your workplace;
4. Information about the Occupational Lead Poisoning Prevention Program (blue) - information on how these fees are used;
5. AIHA Consultants Listing (pink) - a list of industrial hygiene consultants if you decide you need to use one;
6. Department of Health Services (DHS) regulations pertaining to the Occupational Lead Poisoning Prevention Program (white).

Before you do anything else, please read the Instructions (yellow colored sheets), to determine if you are eligible to apply for a Fee Waiver. In particular, if your company is involved with construction; handling or processing scrap metal, metal work; or detective, guard, armored car and other security services, be sure to note the requirements that apply to you if you plan to request a Fee Waiver. If after reading the instructions you believe you are eligible, then proceed by following the instructions carefully and completing each step. Please keep in mind that if the instructions are not followed correctly, your Fee Waiver Request may not be granted. **The final deadline for receipt of your Fee Waiver Request at our Berkeley address is August 31, 1997.**

Please take the time to read this information, so the Fee Waiver process may be as efficient and simple as possible for both your company and our program. The enclosed materials are self-explanatory. Thank you for your cooperation.

Thank you,

A handwritten signature in dark ink, appearing to read 'Barbara Materna'.

Barbara Materna, Ph.D., C.I.H., Chief
Occupational Lead Poisoning Prevention Program

Enclosures

**INSTRUCTIONS FOR
REQUESTING A WAIVER OF THE
OCCUPATIONAL LEAD POISONING FEE
FOR CALENDAR YEAR 1996**

SUMMARY

The steps your company needs to follow if you wish to request a Fee Waiver are summarized below, then described in more detail on the following pages:

1. Designate a person to determine if lead is present in your company's operations.
2. Determine your company's eligibility for a Fee Waiver.
3. If your company is involved in any of the following, read and understand the additional factors that determine your eligibility:
 - Construction work;
 - Detective, guard, armored car, or other security services;
 - Metal work (machining or casting metal); or
 - Handling or processing scrap metal.
4. If you are not eligible for a Fee Waiver, pay the fee to the State Board of Equalization (BOE) in Sacramento.
5. If you are eligible for a Fee Waiver:
 - a. Complete Part A of the Request for a Waiver of the Occupational Lead Poisoning Fee, Form DHS 8484 (4/97).
 - b. Complete Part B, C, D or E of Form DHS 8484 if your company's operations include any of activities listed in 3. above.
 - c. Send the completed Form DHS 8484 to OLPPP in Berkeley.

Note: The final deadline for receipt of all materials by OLPPP is August 31, 1997.

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2. Lead present as a result of general environmental contamination which was not the result of the operation of the employer's business.

b. Your company is also eligible for a Fee Waiver if only a "de minimus amount" of lead is found to have been present in the company's operations during the prior calendar year. "De minimus amount" is a legal term meaning a very small amount and is given a specific definition in the fee waiver regulations.

In many different industrial operations the amount of lead used or disturbed can only feasibly be measured in different ways--by the concentration in the material, by the total weight, or by the frequency and duration of use or disturbance. For this reason "de minimus amount" of lead is given three alternate definitions; each definition sets a threshold below which the amount of lead present becomes "de minimus." The alternate definitions of "de minimus" allow the employer to use the definition which is most appropriate to the company's operations.

As defined in the regulations, "de minimus amount" means any of the following:

1. Lead present in materials which are altered or disturbed and have a lead concentration less than 0.5% (5000 ppm) by weight;
 2. Lead present in materials where the total weight of such materials altered or disturbed during the calendar year is known to be 16 ounces (one pound) or less by weight;
 3. Lead present in materials where no such material is altered or disturbed at any individual employee's place of employment on more than one day during the calendar year, i.e., if no employee works on more than one day during the calendar year in any location where lead-containing materials are being altered or disturbed, then the amount is de minimus.
3. **If, during 1996, your company was involved in any of the following there are additional requirements that must be met:**

a. Construction work

All companies involved in construction work must complete Part B of the Fee Waiver form (DHS 8484). Completing Part B ensures that the company directly addresses the specific issues that determine its eligibility for a fee waiver. Part B addresses the following requirements that are spelled out in the fee waiver regulations:

- Painting Operations: An employer whose operations involved painting is not eligible for a Fee Waiver if, during the prior calendar year, any employees altered or disturbed paint in or on a building constructed

5. If you determine that lead was not present in a greater than de minimus amount (see definition above in 2b.) at any of your places of employment in California during 1996, complete steps 5a, 5b (if applicable), and 5c:

5a. Complete Part A of the "Request for a Waiver of the Occupational Lead Poisoning Fee", Form DHS 8484 (yellow sheet stapled to these Instructions) by having the person who conducted the lead evaluation sign the top section and an authorized representative of your company sign the bottom section (both sections may be completed by the same person if appropriate). *Be sure to complete the entire form. Include a detailed description of your business operation (e.g., do not just say "manufacturing"--state specifically what product is manufactured or service provided).* Failure to supply adequate information on which OLPPP can evaluate your Fee Waiver Request may result in the Fee Waiver Request being denied.

5b. If your company's operations involved any of the following during the prior calendar year complete the applicable additional part of Form DHS 8484:

- Construction work -- complete Part B
- Detective, guard, armored car, or other security services -- complete Part C
- Metal work (machining or casting metal) -- complete Part D
- Handling or processing scrap metal -- complete Part E

5c. Mail the completed "Request for a Waiver of the Occupational Lead Poisoning Fee", Form DHS 8484 (4/97), to OLPPP at the Department of Health Services in Berkeley (address is on forms) **before August 31, 1997.**

Some additional points:

- Maintain a copy of your completed Form DHS 8484 for your records. Maintain a file on any subsequent additional correspondence with BOE and DHS.
- Your company may receive a follow-up call or letter from OLPPP requesting further information about your business operation before a decision regarding your Fee Waiver Request is made. Failure to respond by the date specified with the additional requested information may result in denial of your Fee Waiver Request. OLPPP may check the accuracy of information supplied.
- OLPPP will notify your company in writing when a decision regarding your Fee Waiver Request has been made. This may take several months.
- If your Fee Waiver Request is denied, you will be informed in writing of the reasons for the denial. You will then have 15 working days to ask that your Fee Waiver Request be reconsidered, and to supply additional information to OLPPP to support your claim that lead was not present at your workplace in 1996.

Identifying Lead in the Workplace

Note: The following lists are provided to help you identify common sources of lead or lead-containing materials at a worksite. This is not a complete list by any means; other sources may also be identified. You are responsible for conducting a complete review of the premises, materials (including product Material Safety Data Sheets), and processes involved in your business operation.

Processes that may involve lead:

Manufacturing:

Lead acid batteries
Paint, glazes, pigments, inks, dyes
Ceramics, tile, porcelain
Leaded glass, crystal, stained glass
Cable, wire products, solder
Rubber or plastics
Aircraft, aircraft parts, shipbuilding
Automobiles, trucks, automotive radiators
Firearms, bullets, explosives
Adhesives, sealants, lubricants

Metal Working (with lead-containing metals):

Smelting, refining, processing scrap metal
Recycling lead, batteries, cable, etc.
Foundry work, casting, forging
Grinding, polishing, deburring, machining
Soldering, brazing, tinning
Galvanizing operations, plating/electroplating
Heat treating, quenching, annealing

Repair: Automotive radiator repair, auto body, ship repair
Welding, cutting, sanding, grinding of lead alloys or lead-coated surfaces
Soldering, electronics repair
Repair work that disturbs lead paint

Construction:

Painting or paint removal (sanding, abrasive blasting, scraping, torching, stripping, heat gun applications)*
Wrecking, demolition
Welding or cutting materials with lead-coated surfaces or lead alloys
Remodeling/renovation
Plumbing, glazing, brick laying, lead burning
Construction/repair of bridges, water towers, tanks
Cleanup of lead dust, debris, lead-contaminated soil

Other: Shooting firearms, cleanup at firing ranges
Using lead-containing paints, inks, pigments, glazes
Industrial cleaning operations

Materials that may contain lead:

Note: for product-specific information, refer to Material Safety Data Sheets provided by the product manufacturers

Pigments

Paints*

Painted surfaces*—Assume lead-containing paint to be present on buildings built before 1978, or on painted metal surfaces (painted in any year)

Glazes, frits
Dyes
Inks

Alloys and metal products:

Lead
Brass
Bronze
Pewter
"White metal"
Cast iron
Lead-plated materials (e.g., steel strapping)
Plumbing fittings
Lead sheeting and pipe
Scrap metal - lead alloys, materials with lead coatings

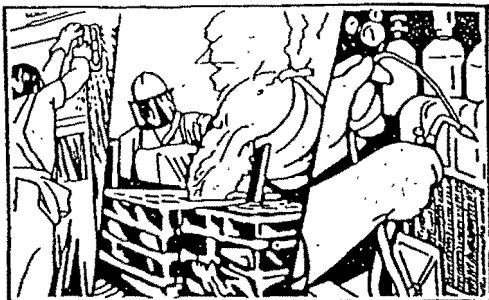
Repair materials:

Solder
Lead caulking
Lead fillers in auto body work
Cable coverings

Other:

Electric storage batteries
Ammunition
Explosives
Lead stabilizers in plastics
Lead driers in paints
Chemical additives

*Many people incorrectly believe that lead in paints is no longer a problem. In 1977, the Consumer Product Safety Commission severely limited the lead content in paint used for residences or on toys. Older painted surfaces frequently contain significant quantities of lead. Lead pigments are still used in some paint applications, often to prevent corrosion on metal surfaces.



Information about the OCCUPATIONAL LEAD POISONING PREVENTION PROGRAM

What is the Occupational Lead Poisoning Prevention Program (OLPPP)?

Senate Bill 240 (Ch. 798, Statutes of 1991) created the Occupational Lead Poisoning Prevention Program (OLPPP) in the California Department of Health Services (DHS). OLPPP's job is to prevent occupational lead poisoning by:

- Identifying workers with occupational lead poisoning and members of their households who may be at risk from lead brought home on workers' clothes or shoes.
- Following up workers with occupational lead poisoning to see that problems in the workplace are corrected and that the workers get proper medical care.
- Providing training programs and educational materials for employers, employees, and health professionals.
- Recommending measures for controlling lead exposure in the workplace.
- Investigating where and how lead poisoning occurs in industry.

Why is OLPPP needed?

For years it has been known that lead poisoning can occur in many industries where lead is used. Since 1987, medical laboratories have been required to report to DHS the names of persons whose blood tests show high levels of lead. Every year DHS receives thousands of reports of high blood lead levels in adults. Almost all involve people who work with lead. OLPPP is needed because:

- Overexposure to lead can cause serious health problems, including injury to the nervous system, reproductive system, kidneys, blood-forming system, and digestive system.
- Lead poisoning at the worksite is entirely preventable.
- Lead problems cost California employers large amounts of money in lost work time, medical bills, workers' compensation claims, law suits, low productivity, and poor employee morale.

Which employers are eligible for a Fee Waiver and how do they request one?

This is spelled out in the "Instructions for Requesting a Waiver of the Occupational Lead Poisoning Fee" contained in this packet (yellow pages).

What will happen if a company's request for a Fee Waiver is denied?

You do not have to pay the Occupational Lead Poisoning Fee while your request for a Fee Waiver is being considered. If OLPPP notifies you that your company's request for a Fee Waiver has been denied, you will be told the reason for the denial. You will then have 15 working days to ask that your Fee Waiver Request be reconsidered, and to supply additional information that may be relevant to your request. Employers who are denied Fee Waiver Requests will be sent another bill by the Board of Equalization, and will be required to pay the Occupational Lead Poisoning Fee within 30 days of notification. A 10% penalty fee for late payment will be assessed after that date.

What should a company do if they believe their Standard Industrial Classification (SIC) Code has been incorrectly assigned?

If your company is in an industry covered by the Occupational Lead Poisoning Fee requirement (see the list in Section 38005, white pages), you were sent an Occupational Lead Poisoning Fee Return by the Board of Equalization based on your SIC Code. If the SIC Code that appears on your fee return describes an activity at any California location of your business operation, regardless of whether it is the company's *primary* activity, you are required to file the return. Any questions you may have regarding your SIC Code should be directed to the Board of Equalization at (916) 323-9555. You may also contact the Board of Equalization in writing to have your SIC Code assignment reviewed. The address to write to is: Board of Equalization, Environmental Fees Division, P.O. Box 942879, Sacramento, CA 94279-0001.

How can a company get more information about the OLPPP?

Write to: Occupational Lead Poisoning Prevention Program (OLPPP)
California Department of Health Services
2151 Berkeley Way, Annex 11
Berkeley, CA 94704

Or call: (510) 540-3448. Please leave a message and a staff person will return your call.



CONSULTANTS LISTING—JANUARY 1997

GEOGRAPHICAL LISTING

The following consultants, all of whom are AIHA members, are available for consulting services in industrial hygiene. Their top three consulting specialties, if indicated, are identified by code numbers next to their names. The main listing is geographical followed by an alphabetized list. This paid listing is updated twice annually and printed in the January and July *AIHA Journal*. To receive additional copies of the listing free of charge, or to enter or update a listing, please contact: The American Industrial Hygiene Association, Communications Division, 2700 Prosperity Ave., Suite 250, Fairfax, VA 22031; (703) 849-8888, fax (703) 207-3561. The deadline for new or revised information for the July 1997 listing is April 1, 1997.

- 1 — Asbestos
- 2 — Biological Monitoring
- 3 — Ergonomics
- 4 — Indoor Air Quality
- 5 — IH Chemistry
- 6 — Noise Control
- 7 — Radiological Control
- 8 — Respiratory Protection
- 9 — Toxicology
- 10 — Ventilation
- 11 — Training/Instruction
- 12 — Water Pollution
- 13 — Safety Specialist
- 14 — Expert Witness
- 15 — Air Pollution
- 16 — Comprehensive IH Practice
- 17 — Lead
- 18 — Computer Software/Information Services

CALIFORNIA

Ace Ergonomics
Carolyn Lundberg, CIH, CSP
1300 Bristol Street North
Suite 150
Newport Beach, CA 92660
(714) 474-7382
(714) 474-9582 FAX
E-mail: ck54fgbcefa.net

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Michael Connor, CIH, CSP 11,16,17
1175 Folsom St.
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(415) 252-1411 FAX
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8,14,16
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(415) 981-2900 FAX
Mike Bercilla, CIH - Contact

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California Industrial Hygiene Services, Inc.
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10,13,16
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1303 Jefferson Street, Suite 300A
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(707) 226-5899
(707) 226-9642 FAX
E-mail: cihserv@aol.com

CIGNA Loss Control Services
Leo Vortouni, CIH 4,13,16
4308 Patrice Road
Newport Beach, CA 92663
(714) 722-1153

Clayton Environmental Consultants, Inc.
Robert J. Sutay, CIH 4,14,16
Harriette A. Hurley, CIH 5
Sally J. Lagomarsino, CIH 1,4,17
Patricia Heinsohn, Ph.D., CIH
2,4,16
Lisa K. Simkins, CIH, PE 1,4,16
1252 Quarry Lane
Pleasanton, CA 94566-9019
(510) 426-2600
(510) 426-0106 FAX

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Fred Mlaker, CIH 1,16,17
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Kathy Norton, CIH 1,11,16
5785 Corporate Ave., Suite 150
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(714) 229-4806
(714) 229-4805 FAX

The Cohen Group
Joel Cohen, CIH 3,11,14
Timothy R. Bormann, CIH 6,13,16
Gregory E. Raymond, CIH 4,9,16
Julie V. Wellings, CIH 1,8,17
2555 Flores Street, Ste. 500
San Mateo, CA 94403
(415) 349-9737
(415) 349-3378 FAX
E-mail: fhas64A@prodigy.com

Cohrssen Environmental, Inc.
Barbara Cohrssen, MS, MLS, CIH, REA 1,3,18
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Crawford & Company/The FPE Group
Dan Cox, Ph.D., CIH 4,14,16
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CTL Environmental Services
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DNA Industrial Hygiene, Inc.
Dan Napier, MS, CIH, CSP
13,14,16
Elinor Covault, CIH 5,6,15
Grace Rinck, MS, CIH 9,11,17
Karen Fruin, CIH 4,7,8
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Lawndale, CA 90260-6440
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ITEK Enviro Services, Inc.
Jerry Tuma, Ph.D., CIH, REA 1,4,17
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Joseph J. Fater, CIH - Contact

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(310) 394-4508 FAX

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Ruth K. McIntyre-Birkner - Contact
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Network Environmental Systems
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Woodward-Clyde
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California Department of Health Services Emergency Regulations
Effective May 1, 1997

TITLE 17 CALIFORNIA CODE OF REGULATIONS DIVISION 1
CHAPTER 11. OCCUPATIONAL LEAD POISONING PREVENTION PROGRAM

Article 1. Definitions

Section 38001. Occupational Lead Poisoning Prevention Program: Definitions.

(a) "Altered or disturbed" means subjected to a process that may result in the release of dust, mist, fume, or other particles; such processes may include, but are not limited to, cutting, welding, grinding, polishing, machining, scraping, melting, sanding, spraying or pressure blasting.

(b) "De minimus amount" means any of the following:

- (1) Lead present in materials which are altered or disturbed and have a lead concentration less than 0.5% (5000 ppm) by weight;
- (2) Lead present in materials where the total weight of such materials altered or disturbed during the calendar year is known to be 16 ounces (one pound) or less by weight;
- (3) Lead present in materials where no such material is altered or disturbed at any individual employee's place of employment on more than one day during the calendar year, i.e., if no employee works on more than one day during the calendar year in any location where lead-containing materials are being altered or disturbed, then the amount is de minimus.

(c) "Employee" means any individual employed for at least 160 hours in the prior calendar year, regardless of whether the individual's specific job involved potential exposure to lead or lead-containing materials.

(d) "Lead evaluation" means a review of the place of employment and the materials and processes involved in the operation of an employer's business, including but not limited to review of Material Safety Data Sheets or other manufacturer-supplied data, product labeling, or analytical testing results for presence of lead in materials of unknown composition.

(e) "Lead was not present at the place of employment" means that no amount of lead or lead-containing material was present at the place of employment or in the materials and processes used in the operation of the employer's business, with the following exceptions:

- (1) Lead that was not altered or disturbed during the operation of the employer's business and was present in a form, or contained in such a manner, that it could not be inhaled or ingested (examples are undisturbed building materials, unused materials and supplies, intact lead storage batteries); or
- (2) Lead present as a result of general environmental contamination which was not the result of the operation of the employer's business.

(f) "Metal work" means the machining or casting of metals or metal alloys.

(f) An employer's request for a fee waiver may be denied for any of the following reasons:

- (1) Identification of the presence of lead in a greater than de minimus amount at the place of employment or in the materials or processes used in the operation of the employer's business; or
- (2) Failure of an employer to request a fee waiver and supply the documentation required in Section 38003(d) within 180 days following the due date of the Occupational Lead Poisoning Fee; or
- (3) Failure of an employer to provide sufficient and accurate information by which to evaluate the request for a fee waiver.

(g) The Department shall give written notice to the employer of the denial of an employer's request for a fee waiver and the reason or reasons for the denial.

(h) An employer whose request for a fee waiver is denied shall have 15 working days from receipt of notice of the denial to request a reconsideration of the denial and to supply any additional facts which the employer believes support the granting of the fee waiver request.

Section 38003. Procedures for Application of a Waiver.

(a) An employer requesting a fee waiver shall conduct a lead evaluation of the premises, materials and processes used in the operation of the employer's business during the prior calendar year to determine whether lead was present. This evaluation shall include, but not be limited to, review of Material Safety Data Sheets or other manufacturer-supplied data, product labeling, or analytical testing results for presence of lead in materials of unknown composition.

(b) An employer requesting a fee waiver shall establish that lead was not present, or was present only in a de minimus amount, at the place of employment during the prior calendar year.

(c) An employer requesting a fee waiver shall have 180 days following the due date of the Occupational Lead Poisoning Fee to submit documentation that lead was not present, or was present only in a de minimus amount, at the place of employment during the prior calendar year.

(d) An employer requesting a fee waiver shall demonstrate that lead was not present, or was present only in a de minimus amount, at the place of employment by providing documentation that includes:

- (1) A Request for a Waiver of the Occupational Lead Poisoning Fee DHS Form 8484 (4/97) which is hereby incorporated by reference, containing the following information:

(A) Name, title, and affiliation of the person who conducted the lead evaluation of the employer's business operation as outlined in Section 38003 (a) and, if a consultant, also telephone number and address.

(B) Statement signed by the person conducting the lead evaluation that attests that, to the best of the person's knowledge, no lead or lead-containing materials were present in any amount, or were present only in a de minimus amount (as defined in Section 38001 of Title 17 of the California Code of Regulations) during the prior calendar year, in the premises, materials and processes used in the operation of the business.

- (2) The potential for lead use within the industries classified under the employer's Standard Industrial Classification Code;
 - (3) The likelihood that the employer's business operation may change over time, causing lead to become present at the place of employment in a greater than de minimus amount.
- (b) The Department shall, at the time a fee waiver is granted, inform the employer of whether the waiver is granted on a permanent or annual basis.
- (c) The Department shall rescind a company's permanent waiver of the Occupational Lead Poisoning Fee if the Department obtains evidence, including but not limited to a substantiated case report of occupational lead poisoning in an employee, that indicates that lead is present in a greater than de minimus amount at the place of employment.
- (d) The Department shall rescind a company's annual waiver of the Occupational Lead Poisoning Fee if the Department obtains evidence, including but not limited to a substantiated case report of occupational lead poisoning in an employee, that indicates that lead was present in a greater than de minimus amount at the place of employment during the calendar year for which the annual waiver was granted.
- (e) An employer who is granted a permanent fee waiver shall notify the Department within 30 days of any changes in the premises, materials or processes used in the operation of the business that result in lead being present in a greater than de minimus amount at the place of employment.
- (f) An employer who is granted an annual waiver shall notify the Department within 30 days if the employer becomes aware that lead was present in a greater than de minimus amount at the place of employment during the calendar year for which the annual waiver was granted.

Article 3. Applicable Industries

Section 38005. Occupational Lead Poisoning Fee: Applicable Industries.

- (a) The list of industries in Section 105195 of the California Health and Safety Code for which the Occupational Lead Poisoning Fee is applicable is hereby modified as follows:

	<u>SIC Code</u>	<u>Industry</u>	
(1)	1041	Gold ores	
(2)	1521	General contractors - Single-family houses	
(3)	1541	General contractors - Industrial buildings and warehouses	
(4)	1542	General contractors - Nonresidential buildings, other than industrial buildings and warehouses	
(5)	1611	Highway and street construction, except elevated highways	
(6)	1622	Bridge, tunnel, and elevated highway construction	
(7)	1623	Water, sewer, pipeline and communications and power line construction	
(8)	1629	Heavy construction, not elsewhere classified	
(9)	1711	Plumbing, heating, and air-conditioning	
(10)	1721	Painting and paper hanging	
(11)	1761	Roofing, siding and sheet metal work	
(12)	1791	Structural steel erection	
(13)	1795	Wrecking and demolition work	
(14)	1796	Installation or erection of building equipment, not elsewhere classified	

(67)	3492	Fluid power valves and hose fittings
(68)	3494	Valves and pipe fittings, not elsewhere classified
(69)	3496	Miscellaneous fabricated wire products
(70)	3497	Metal foil and leaf
(71)	3532	Mining machinery and equipment, except oil and gas field machinery and equipment
(72)	3544	Special dies and tools, die sets, jigs and fixtures, and industrial molds
(73)	3561	Pumps and pumping equipment
(74)	3567	Industrial process furnaces and ovens
(75)	3585	Air-conditioning and warm air heating equipment and commercial and industrial refrigeration equipment
(76)	3599	Industrial and commercial machinery and equipment, not elsewhere classified
(77)	3624	Carbon and graphite products
(78)	3661	Telephone and telegraph apparatus
(79)	3663	Radio and television broadcasting and communications equipment
(80)	3669	Communications equipment, not elsewhere classified
(81)	3671	Electron tubes
(82)	3674	Semiconductors and related devices
(83)	3678	Electronic connectors
(84)	3679	Electronic components, not elsewhere classified
(85)	3691	Storage batteries
(86)	3692	Primary batteries, dry and wet
(87)	3699	Electrical machinery, equipment and supplies, not elsewhere classified
(88)	3711	Motor vehicles and passenger car bodies
(89)	3714	Motor vehicle parts and accessories
(90)	3721	Aircraft
(91)	3728	Aircraft parts and auxiliary equipment, not elsewhere classified
(92)	3812	Search, detection, navigation, guidance, aeronautical, and nautical systems and instruments
(93)	3825	Instruments for measuring and testing of electricity and electrical signals
(94)	3829	Measuring and controlling devices, not elsewhere classified
(95)	3844	X-ray apparatus and tubes and related irradiation apparatus
(96)	3914	Silverware, plated ware, and stainless steel ware
(97)	3949	Sporting and athletic goods, not elsewhere classified
(98)	3953	Marking devices
(99)	3965	Fasteners, buttons, needles, and pins
(100)	4813	Telephone communications, except radiotelephone
(101)	4911	Electric services
(102)	5064	Electrical appliances, television and radio sets
(103)	5093	Scrap and waste materials
(104)	5941	Sporting goods stores and bicycle shops
(105)	7381	Detective, guard, and armored car services
(106)	7538	General automotive repair shops
(107)	7539	Automotive repair shops, not elsewhere classified
(108)	7997	Membership sports and recreation clubs
(109)	7999	Amusement and recreation services, not elsewhere classified
(110)	8734	Testing laboratories

Subchapter 7. General Industry Safety Orders
Group 16. Control of Hazardous Substances
Article 109. Hazardous Substances and Processes

New query

CC: Paula - Mac DC
 also mailed Worker Comp
 folder & Hycom Report

§5162. Emergency Eyewash and Shower Equipment.

(a) Plumbed or self-contained eyewash or eye/facewash equipment which meets the requirements of sections 5, 7, or 9 of ANSI Z358.1-1981, Emergency Eyewash and Shower Equipment, incorporated herein by this reference, shall be provided at all work areas where, during routine operations or foreseeable emergencies, the eyes of an employee may come into contact with a substance which can cause corrosion, severe irritation or permanent tissue damage or which is toxic by absorption. Water hoses, sink faucets, or showers are not acceptable eyewash facilities. Personal eyewash units or drench hoses which meet the requirements of section 6 or 8 or ANSI Z358.1-1981, hereby incorporated by reference, may support plumbed or self-contained units but shall not be used in lieu of them.

(b) An emergency shower which meets the requirements of section 4 or 9 of ANSI Z358.1-1981, incorporated herein by reference, shall be provided at all work areas where, during routine operations or foreseeable emergencies, area of the body may come into contact with a substance which is corrosive or severely irritating to the skin or which is toxic by skin absorption.

(c) Location. Emergency eyewash facilities and deluge showers shall be in accessible locations that require no more than 10 seconds for the injured person to reach. If both an eyewash and shower are needed, they shall be located so that both can be used at the same time by one person. The area of the eyewash and shower equipment shall be maintained free of items which obstruct their use.

(d) Performance. Plumbed and self-contained eyewash and shower equipment shall supply potable water at the flow rates and time durations specified in ANSI Z358.1-1981. The control valve shall be designed so that the water flow remains on without requiring the use of the operator's hands, and so that the valve remains activated until intentionally shut off for all but hand-held drench hoses. Personal eyewash units shall deliver potable water or other eye-flushing solution approved by the consulting physician.

(e) Maintenance. Plumbed eyewash and shower equipment shall be activated at least monthly to flush the line and to verify proper operation. Other units shall be maintained in accordance with the manufacturer's instructions.

NOTE: See section 5185 of the General Industry Safety Orders when the hazard involves the changing and charging of storage batteries. See article 6 of the Unfired Pressure Vessel Safety Orders when the hazard involves anhydrous ammonia.

NOTE: Authority cited: Section 142.3, Labor Code. Reference: Section 142.3, Labor Code.

HISTORY

1. Amendment filed 12-10-87; operative 1-9-88 (Register 87, No. 51).

2. Change without regulatory effect of subsection (a) filed 4-26-90 pursuant to section 100, Title 1, California Code of Regulations (Register 90, No. 22).

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The above information is provided free of charge by the Department of Industrial Relations from its web site at www.dir.ca.gov.

- Need eyewash/safety shower in lab area. Must meet ANSI requirements
- Locate within 10 sec of person
- Monthly check to make sure working properly

Subchapter 7. General Industry Safety Orders
Group 16. Control of Hazardous Substances
Article 109. Hazardous Substances and Processes

New query

§5164. Storage of Hazardous Substances.

(a) Substances which, when mixed, react violently, or evolve toxic vapors or gases, or which in combination become hazardous by reason of toxicity, oxidizing power, flammability, explosibility, or other properties, shall be separated from each other in storage by distance, by partitions, or otherwise, so as to preclude accidental contact between them.

NOTE: Some typical examples of such incompatible substances are: Mineral acids and oxidizing agents; mineral acids and cyanides; oxidizing agents and combustible materials; acids and alkalis.

(b) Hazardous substances shall be stored in containers which are chemically inert to and appropriate for the type and quantity of the hazardous substance.


(c) Containers of hazardous substances shall not be stored in such locations or manner as to result in damage to the container. Containers shall not be stored where they are exposed to heat sufficient to rupture the containers or to cause leakage.

(d) Containers used to package a substance which gives off toxic, asphyxiant, suffocant, or anesthetic fumes in hazardous amounts (e.g. fuming sulfuric acid, hydrofluoric acid, compressed or liquefied toxic gases) shall not be stored locations where it could be reasonably anticipated that employees would be exposed. This requirement shall not apply to small quantities of such materials kept in closed containers, or to tank cars or trucks.

NOTE: Authority cited: Section 142.3, Labor Code. Reference: Section 142.3, Labor Code.

HISTORY

1. Amendment filed 12-10-87; operative 1-9-88 (Register 87, No. 51).

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The above information is provided free of charge by the Department of Industrial Relations from its web site at www.dir.ca.gov .
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Storage - Flammables should be in flammable liquid cabinet.
Oxidizers stored separate from corrosives
No oxidizers in same area as flammables
Cyanides away from all acids

Subchapter 7. General Industry Safety Orders
Group 16. Control of Hazardous Substances
Article 109. Hazardous Substances and Processes

New query

§5194. Hazard Communication.

(a) (Reserved)

(b) Scope and Application.

(1) This section requires manufacturers or importers to assess the hazards of substances which they produce or import, and all employers to provide information to their employees about the hazardous substances to which they may be exposed, by means of a hazard communication program, labels and other forms of warning, material safety data sheets, and information and training. In addition, this section requires distributors to transmit the required information to employers.

(2) This section applies to any hazardous substance which is known to be present in the work place in such a manner that employees may be exposed under normal conditions of use or in a reasonably foreseeable emergency resulting from work place operations.

(3) This section applies to laboratories that primarily provide quality control analyses for manufacturing processes or that produce hazardous substances for commercial purposes, and to all other laboratories except those under the direct supervision and regular observation of an individual who has knowledge of the physical hazards, health hazards, and emergency procedures associated with the use of the particular hazardous substances involved, and who conveys this knowledge to employees in terms of safe work practices. Such excepted laboratories must also ensure that labels of incoming containers of hazardous substances are not removed or defaced pursuant to section 5194(f)(4), and must maintain any material safety data sheets that are received with incoming shipments of hazardous substances and ensure that they are readily available to laboratory employees pursuant to section 5194(g).

(4) This section does not require labeling of the following substances:

(A) Any pesticide as such term is defined in the Federal Insecticide, Fungicide, and Rodenticide Act (7 U.S.C. 136 et seq.), when subject to the labeling requirements of that Act and labeling regulations issued under that Act by the Environmental Protection Agency;

(B) Any food, food additive, color additive, drug, cosmetic, or medical or veterinary device, including materials intended for use as ingredients in such products (e.g., flavors and fragrances), as such terms are defined in the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.) and regulations issued under that Act, when they are subject to the labeling requirements of that Act and labeling regulations issued under that Act by the Food and Drug Administration;

(C) Any distilled spirits (beverage alcohols), wine, or malt beverage intended for nonindustrial use, as such terms are defined in the Federal Alcohol Administration Act (27 U.S.C. 201 et seq.) and regulations issued under that Act, when subject to the labeling requirements of that Act and labeling regulations issued under that Act by the Bureau of Alcohol, Tobacco, and Firearms; and;

(D) Any consumer product or hazardous substance as those terms are defined in the Consumer Product Safety Act (15 U.S.C. 2051 et seq.) and Federal Hazardous Substances Act (15 U.S.C. 1261 et seq.) respectively, when subject to a consumer product safety standard or labeling requirement of those Acts, or regulations issued under those Acts by the Consumer Product Safety Commission.

(5) This section does not apply to:

(A) Any hazardous waste as such term is defined by the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act of 1976, as amended (42 U.S.C. 6901 et seq.), when subject to regulations issued under that Act by the Environmental Protection Agency;

(B) Tobacco or tobacco products;

(C) Wood or wood products (non-excluded hazardous substances which are used in conjunction with wood or wood products, or are known to be present as impurities in those materials, are covered by this section);

*This is not a complete section - very lengthy.
 New written HazCom Program for corporate, is attached*

Make sure ALL CONTAINERS ARE marked/labelled with

(D) Articles (hazardous substances used in the manufacture or use of an article are covered by this section unless otherwise excluded);

(E) Foods, drugs, or cosmetics intended for personal consumption by employees while in the workplace;

(F) Retail food sale establishments and all other retail trade establishments, exclusive of processing and repair work areas;

(G) Consumer products packaged for distribution to, and use by, the general public, provided that employee exposure to the product is not significantly greater than the consumer exposure occurring during the principal consumer use of the product;

(H) The use of a substance in compliance with regulations of the Director of the Department of Pesticide Regulation issued pursuant to section 12981 of the Food and Agricultural Code.

(I) Work operations where employees only handle substances in sealed containers which are not opened under normal conditions of use (such as are found in marine cargo handling, warehousing, or transportation); however, this section does apply to these operations as follows:

1. Employers shall ensure that labels on incoming containers of hazardous substances are not removed or defaced;
2. Employers shall maintain copies of any material safety data sheets that are received with incoming shipments of the sealed containers of hazardous substances, shall obtain a material safety data sheet for sealed containers of hazardous substances received without a material safety data sheet if an employee requests the material safety data sheet, and shall ensure that the material safety data sheets are readily accessible during each work shift to employees when they are in their work area(s); and,
3. Employers shall ensure that employees are provided with information and training in accordance with subsection (h) except for the location and availability of the written hazard communication program under subsection (h)(2)(C), to the extent necessary to protect them in the event of a spill or leak of a hazardous substance from a sealed container.

(6) Proposition 65 Warnings.

(A) Notwithstanding any other provision of law including the preceding subsections, an employer which is a person in the course of doing business within the meaning of Health and Safety Code Section 25249.11(a) and (b), is subject to the Safe Drinking Water and Toxic Enforcement Act of 1986 (Proposition 65 or the "Act") (Health and Safety Code § 25249.5 et seq.), and shall comply with the Act in the manner set forth in subsections (B) and (C) below. The following employers are not subject to the Act:

1. an employer employing fewer than ten employees;
2. any city, county, or district or any department or agency thereof or the state or any department or agency thereof or the federal government or any department or agency thereof;
3. any entity in its operation of a public water system as defined in Health and Safety Code Section 4010.1.

(B) Exposures Subject to Proposition 65 and Hazard Communication. Before exposing any employee to any hazardous substance that otherwise falls within the scope of this section and which requires a warning under this Act (see 22 CCR Section 12000, Chemicals Known to the State to Cause Cancer or Reproductive Toxicity) except as provided in subsection (D) below, any employer subject to the Act shall comply with the requirements set forth in subsections (d) through (k). Such compliance shall be deemed compliance with the Act.

(C) Exposures Subject to Proposition 65 Only. Before knowingly and intentionally exposing any employee to any hazardous substance that does not otherwise fall within the scope of the section, but which requires a warning under the Act (see 22 CCR Section 12000, Chemicals Known to the State to Cause Cancer or Reproductive Toxicity) except as provided in subsection (D) below, any employer subject to the Act shall either provide a warning to employees in compliance with California Code of Regulations Title 22 (22 CCR) Section 12601(c) in effect on May 9, 1991 or shall comply with the requirements set forth in subsections (d) through (k).

(D) Exposures Not Subject to Proposition 65. A warning required by subsection (B) and (C) above shall not apply to any of the following:

1. An exposure for which federal law governs warning in a manner that preempts state authority.
2. An exposure that takes place less than twelve months subsequent to the listing of the chemical in 22 CCR Section

12000.

3. An exposure for which the employer responsible can show that the exposure poses no significant risk assuming lifetime exposure at the level in question for the chemicals known to the State to cause cancer, and that the exposure will have no observable effect assuming exposure at one thousand (1,000) times the level in question for chemicals known to the State to cause reproductive toxicity, based on evidence and standards of comparable scientific validity to the evidence and standards which form the scientific basis for the listing of such chemical in 22 CCR Section 12000. In any enforcement action the burden of showing that an exposure meets the criteria of this subsection shall be on the employer

(E) Additional Enforcement of Proposition 65. In addition to any other applicable enforcement provision, violations or threatened violations of the Act may be enforced in the manner set forth in Health and Safety Code Section 25249.7 for violations and threatened violations of Health and Safety Code Section 25249.6. Compliance with 22 CCR Section 12601(c) in effect on May 9, 1991 shall be deemed a defense to an enforcement action under Health and Safety Code Section 25249.7.

(F) All terms and provisions of subsection (b)(6) shall have the same meaning as the following 22 CCR Sections in effect on May 9, 1991: 12201(a), 12201(b), 12201(c), 12201(d), 12201(f), 12201(k), 12502, 12601, 12701(a), 12701(b), 12701(d), 12703, 12705, 12707, 12709, 12711, 12721, 12801, 12803, 12805, 12821 and 12901. The above listed 22 CCR Sections in effect on May 9, 1991 are printed in Appendix E to this section. Additionally, all terms and provisions of subsection (b)(6) shall have the same meaning as in the Act and in 22 CCR Section 12000.

(c) Definitions.

Article.

A manufactured item: (1) Which is formed to a specific shape or design during manufacture; (2) which has end use function(s) dependent in whole or in part upon its shape or design during end use; and (3) which does not release, or otherwise result in exposure to, a hazardous substance under normal conditions of use or in a reasonably foreseeable emergency resulting from workplace operations.

CAS number.

The unique identification number assigned by the Chemical Abstracts Service to specific chemical substances.

Chemical name.

The scientific designation of a chemical in accordance with the nomenclature system developed by the International Union of Pure and Applied Chemistry (IUPAC) or the Chemical Abstracts Service (CAS) rules of nomenclature, or a name which will clearly identify the substance for the purpose of conducting a hazard evaluation.

Chief.

The Chief of the Division of Occupational Safety and Health, P.O. Box 420603, San Francisco, CA 94142, or designee.

Combustible liquid.

Any liquid having a flashpoint at or above 100o F (37.8° C), but below 200o F (93.3° C), except any mixture having components with flashpoints of 200o F (93.3° C), or higher, the total volume of which make up 99 percent or more of the total volume of the mixture.

Common name.

Any designation or identification such as code name, code number, trade name, brand name or generic name used to identify a substance other than by its chemical name.

Compressed gas.

Compressed gas means:

(A) A gas or mixture of gases having, in a container, an absolute pressure exceeding 40 psi at 70o F (21.1° C); or

(B) A gas or mixture of gases having, in a container, an absolute pressure exceeding 104 psi at 130o F (54.4° C) regardless of the pressure at 70o F (21.1° C); or

(C) A liquid having a vapor pressure exceeding 40 psi at 100o F (37.8o C) as determined by ASTM D-323-72.

Container.

Any bag, barrel, bottle, box, can, cylinder, drum, reaction vessel, storage tank, tank truck, or the like that contains a hazardous substance. For purposes of this section, pipes or piping systems are not considered to be containers.

Department.

The Department of Industrial Relations, P.O. Box 420603, San Francisco, CA 94142, or designee.

Designated representative.

Any individual or organization to whom an employee gives written authorization to exercise such employee's rights under this section. A recognized or certified collective bargaining agent shall be treated automatically as a designated representative without regard to written employee authorization.

Director.

The Director of Industrial Relations, P.O. Box 420603, San Francisco, CA 94142, or designee.

Distributor.

A business, other than a manufacturer or importer, which supplies hazardous substances to other distributors or to employers.

Division.

The Division of Occupational Safety and Health (Cal/OSHA), California Department of Industrial Relations, or designee.

Emergency.

Any potential occurrence such as, but not limited to, equipment failure, rupture of containers, or failure of control equipment, which may or does result in a release of a hazardous substance into the workplace.

Employee.

Every person who is required or directed by any employer, to engage in any employment, or to go to work or be at any time in any place of employment.

Employer.

Employer means:

- (A) The State and every State agency.
- (B) Each county, city, district, and all public and quasi-public corporations and public agencies therein
- (C) Every person including any public service corporation, which has any natural person in service.
- (D) The legal representative of any deceased employer.

Explosive. A substance that causes a sudden, almost instantaneous release of pressure, gas, and heat when subjected to sudden shock, pressure, or high temperature.

Exposure or Exposed.

Any situation arising from work operation where an employee may ingest, inhale, absorb through the skin or eyes, or otherwise come into contact with a hazardous substance.

Flammable.

A substance that falls into one of the following categories:

- (A) Aerosol, flammable. An aerosol that, when tested by the method described in 16 CFR 1500.45, yields a flame projection exceeding 18 inches at full valve opening, or a flashback (a flame extending back to the valve) at any degree

of valve opening;

(B) Gas, flammable:

1. A gas that, at ambient temperature and pressure, forms a flammable mixture with air at a concentration of thirteen (13) percent of volume or less; or

2. A gas that, at ambient temperature and pressure, forms a range of flammable mixtures with air wider than twelve (12) percent by volume, regardless of the lower limit;

(C) Liquid, flammable. Any liquid having a flashpoint below 100° F (37.8° C), except any mixture having components with flashpoints of 100° F (37.8° C) or higher, the total of which make up 99 percent or more of the total volume of the mixture.

(D) Solid, flammable. A solid, other than a blasting agent or explosive as defined in section 5237(a), that is liable to cause fire through friction, absorption of moisture, spontaneous chemical change, or retained heat from manufacturing or processing, or which can be ignited readily and when ignited burns so vigorously and persistently as to create a serious hazard. A chemical shall be considered to be a flammable solid if, when tested by the method described in 16 CFR 1500.44, it ignites and burns with a self-sustained flame at a rate greater than one-tenth of an inch per second along its major axis.

Flashpoint.

The minimum temperature at which a liquid gives off a vapor in sufficient concentration to ignite when tested as follows:

(A) Tagliabue Closed Tester (see American National Standard Method of Test for Flash Point by Tag Closed Tester, Z11.24-1979 (ASTM D 56-79)) for liquids with a viscosity of less than 45 Saybolt Universal Seconds (SUS) at 100° F (37.8° C), that do not have a tendency to form a surface film under test; or

(B) Pensky-Martens Closed Tester (see American National Standard Method of Test for Flash Point by Pensky-Martens Closed Tester, Z11.7-1979 (ASTM D 93-79)) for liquids with a viscosity equal to or greater than 45 SUS at 100° F (37.8° C), or that have a tendency to form a surface film under test; or

(C) Setaflash Closed Tester (see American National Standard Method of Test for Flash Point by Setaflash Closed Tester (ASTM D 3278-78)).

Organic peroxides, which undergo autoaccelerating thermal decomposition, are excluded from any of the flashpoint determination methods specified above.

Hazard warning.

Any words, pictures, symbols, or combination thereof appearing on a label or other appropriate form of warning which convey the health hazards and physical hazards of the substance(s) in the container(s).

Hazardous substance.

Any substance which is a physical hazard or a health hazard or is included in the List of Hazardous Substances prepared by the Director pursuant to Labor Code section 6382.

Health hazard.

A substance for which there is statistically significant evidence based on at least one study conducted in accordance with established scientific principles that acute or chronic health effects may occur in exposed employees. The term "health hazard" includes substances which are carcinogens, toxic or highly toxic agents, reproductive toxins, irritants, corrosives, sensitizers, hepatotoxins, nephrotoxins, neurotoxins, agents which act on the hematopoietic system, and agents which damage the lungs, skin, eyes, or mucous membranes. Appendix A provides further definitions and explanations of the scope of health hazards covered by this section, and Appendix B describes the criteria to be used to determine whether or not a substance is to be considered hazardous for purposes of this standard.

Identity.

Any chemical or common name which is indicated on the material safety data sheet (MSDS) for the substance. The identity used shall permit crossreferences to be made among the required list of hazardous substances, the label and the MSDS.

Subchapter 7. General Industry Safety Orders
Group 16. Control of Hazardous Substances
Article 107. Dusts, Fumes, Mists, Vapors and Gases

New query

Ventilation
you should not need
a respirator if it's
done working properly.

§5143. General Requirements of Mechanical Ventilation Systems.

Guide to Respiratory Protection at Work

(a) Design and Operation. The construction, installation, inspection, testing, and maintenance of exhaust systems shall conform to all requirements of Article 107. Additional guidance may be obtained from the American National Standard Fundamentals Governing the Design and Operation of Local Exhaust Systems, ANSI Z9.2-1971 and the Standard for the Installation of Blower and Exhaust Systems, NFPA No. 91-1973.

NOTE: Ventilation requirements for control of flammable vapors are prescribed in Sections 5153(d) and 5416.

(1) The exhaust system shall be so designed, constructed, maintained and operated as to prevent harmful exposure by maintaining a volume and velocity of exhaust air sufficient to gather dusts, fumes, mists, vapors or gases from said equipment or process and to convey them to suitable points of safe disposal, thereby preventing their dispersion in harmful quantities into the atmosphere of work rooms or other places where persons are employed.

(2) Exhaust ducts, inlet ducts, and fan plenums shall be so designed, constructed, and supported as to prevent collapse of the ducts and/or failure of the supporting system.

(3) Exhaust ducts which convey dusts, fumes, and mists shall be provided with inspection or clean-out doors at intervals not to exceed 12 feet of horizontal running length for ducts up to 12 inches in diameter, but the distance may be greater for larger ducts. A clean-out door or doors shall be provided for servicing the fan and, where necessary, a drain shall be provided.

(4) Two or more operations shall not be connected to the same exhaust system where the combination of substances removed may constitute a fire, explosion, or chemical reaction hazard in the duct system.

(5) The ventilation rate of every mechanical ventilation system used to prevent harmful exposure shall be tested after initial installation, alterations, or maintenance, and at least annually, by means of a pivot traverse of the exhaust duct or equivalent measurements. Records of these tests shall be retained for at least five years.

(b) Duration of Operations. The exhaust system shall be in operation continually during all operations for which it is designed. The system shall continue to operate for some time after the cessation of said operations, the length of time to depend upon the individual circumstances and effectiveness of the ventilation system.

(c) Disposal of Exhaust Materials.

(1) The air outlet from every dust separator/collector and the dusts, fumes, mists, vapors or gases collected by an exhaust or ventilating system shall discharge to the outside atmosphere, provided that the exhaust system shall discharge to the outer air in such a manner that it will not cause a harmful exposure in any accessible workplace. Collecting systems which return air to work areas may be used if contaminants which accumulate in the work area do not result in harmful exposure to employees.

(2) The air exhausted from blast-cleaning equipment, grinding, buffing, polishing equipment and all other equipment requiring exhausting of dust or particulate shall be discharged through dust-collecting equipment. Dust and refuse discharged from an exhaust system shall be disposed of in such a manner that it will not result in harmful exposure to employees.

(d) Make-Up Air. Clean, fresh air, free of contamination from adjacent industrial exhaust systems, chimneys, stacks, or vents, shall be supplied.

(1) The outside air supply shall enter the workroom in a manner which will not reduce the effectiveness of any local exhaust systems.

(2) All seams and joints shall be sealed if negative pressure exists within inlet ductwork such that there is a possibility of infiltration of harmful quantities of gases, fumes, or mists from areas through which ductwork passes.

(3) Where the air supply is filtered, the filters shall be replaced or cleaned regularly to prevent significant reductions in airflow. A pressure gauge shall be installed to show the pressure drop across the filters. This gauge shall be marked to show the pressure drop at which filters require cleaning or replacement.

(4) Where make-up air is heated by combustion, except gas, the products of combustion shall not be mixed with the make-up air and shall be vented to a point remote from all points where make-up air enters the building. For gas heating where combustion products are mixed with the make-up air, the following must exist:

(A) The gas must be nontoxic and have a distinctive and strong enough odor to warn workmen of its presence if unburned.

(B) The maximum rate of gas supply to the make-up air heater shall not yield in excess of 2000 ppm of total combustible gas in the mixture upon flame failure.

(C) A fan shall be provided to remove the mixture of heated air and combustion products from gas burner plenum chambers. (Title 24, T8-5143)

NOTE: Authority cited: Section 142.3, Labor Code. Reference: Section 142.3, Labor Code.

HISTORY

1. Amendment filed 7-16-76; effective thirtieth day thereafter (Register 76, No. 29).

2. Amendment of subsection (a)(2) filed 2-20-80; effective thirtieth day thereafter (Register 80, No. 8).

[!\[\]\(4fe57c3593bf1b21d272ae7ac8dfaf77_img.jpg\) Go Back to Article 107 Table of Contents](#)

The above information is provided free of charge by the Department of Industrial Relations from its web site at www.dir.ca.gov.

Subchapter 7. General Industry Safety Orders
Group 16. Control of Hazardous Substances
Article 107. Dusts, Fumes, Mists, Vapors and Gases

Lab Hood
Is one installed?
Should be tested annually.

New query

§5154.1. Ventilation Requirements for Laboratory-Type Hood Operations.

(a) Scope. When laboratory-type hoods, also known as laboratory fume hoods, as defined below are used to prevent harmful exposure to hazardous substances, such hoods shall conform to all applicable provisions of Article 107, and shall conform to provisions of this section.

Exception No. 1: Inspection doors or clean-out doors in exhaust ducts required by Section 5143(a)(3) do not apply to laboratory-type hood operations.

Exception No. 2: Biological safety cabinets as defined below are exempt from the requirements of this section. Class II biological safety cabinets may be used to prevent harmful exposure to cytotoxic agents during their compounding or preparation for parenteral use. Biological safety cabinets may be used to control harmful exposure to aerosols and particulate matter, provided the presence of the substance in the biological safety cabinet does not present a risk of fire or explosion. When biological safety cabinets are used to control exposure to these hazards they shall meet the requirements of Section 5154.2.

(b) Definitions.

Biohazard agent means a replication capable pathogen which is a disease causing microorganism and is capable of causing diseases in humans including viruses, microbes and sub viral agents. The agent includes the agent, products of infectious agents, or the components of infectious agents presenting a risk of illness or injury.

Biohazardous materials are any materials that would harbor biohazardous agents such as human blood, body fluids, or tissues that may be contaminated with biohazardous agents.

Biological safety cabinet. A ventilated cabinet which serves as a primary containment device for operations involving biohazard agents or biohazardous materials. Three classes of biological safety cabinets are described in Section 5154.2.

Hazardous Substance. One which by reason of being explosive, flammable, poisonous, an irritant, or otherwise harmful is likely to cause injury or illness.

Laboratory-Type Hood. A device enclosed except for necessary exhaust purposes on three sides and top and bottom, designed to draw air inward by means of mechanical ventilation, operated with insertion of only the hands and arms of the user, and in which hazardous substances are used. These devices are also known as laboratory fume hoods.

(c) Ventilation Rates. Laboratory-type hood face velocities shall be sufficient to maintain an inward flow of air at all openings into the hood under operating conditions. The hood shall provide confinement of the possible hazards and protection of the employees for the work which is performed. The exhaust system shall provide an average face velocity of at least 100 linear feet per minute with a minimum of 70 lfm at any point, except where more stringent special requirements are prescribed in other sections of the General Industry Safety Orders, such as Section 5209. The minimum velocity requirement excludes those measurements made within 1 inch of the perimeter of the work opening.

(d) Operation. Mechanical ventilation shall remain in operation at all times when hoods are in use and for a sufficient time thereafter to clear hoods of airborne hazardous substances. When mechanical ventilation is not in operation, hazardous substances in the hood shall be covered or capped off.

(e) Special Requirements.

(1) The face velocity required by subsection (c) should be obtainable with the movable sashes fully opened. Where the required velocity can be obtained by partly closing the sash, the sash and/or jamb shall be marked to show the maximum opening at which the hood face velocity will meet the requirements of subsection (c). Any hood failing to meet requirements of subsection (c) and this paragraph shall be considered deficient in airflow and shall be posted with placards, plainly visible, which prohibit use of hazardous substances within the hood.

(2) When flammable gases or liquids are used, or when combustible liquids are heated above their flashpoints, hoods that are not bypassed shall have permanent stops installed which will restrict closure of the sash so that sufficient airflow

is maintained to prevent explosions. Concentrations in the duct shall not exceed 20% of the lower explosive limits.

(3) In addition to requirements in Section 5143(a)(5), a means shall be provided at the hood to continuously indicate that air is flowing into the exhaust system during operation. The ability of the hood to maintain an inward flow as required by (c) above shall be demonstrated using smoke tubes or other suitable qualitative methods upon initial installation; repairs or renovations of the facility, hood or ventilation system; or the addition of large equipment into the hood.

(4) Exhaust stacks shall be located in such a manner with respect to air intakes as to preclude the recirculation of laboratory-type hood emissions within a building. To protect employees on the roof, any one of the follow methods shall be utilized:

(A) Chemical treatment, absorption on activated charcoal, or scrubbers;

(B) Dilution of toxic materials below prescribed exposure limits prior to discharge;

(C) Locked gates, doors or other equivalent means acceptable to the Division which prevent employee access to exhaust stack discharge areas while hoods are in operation unless personnel are provided with appropriate respirators and other personal protection; or

(D) Exhaust stacks extending at least 7 feet above the roof and discharging vertically upward. Where rain protection is desired, high velocity discharge or concentric-duct, self-draining stacks (Figure V-9) or equivalent may be used. Rain caps which divert the exhaust toward the roof are prohibited.

FIGURE V-9

EXAMPLE OF A CONCENTRIC-DUCT SELF-DRAINING STACK

[Refer to printed version of Title 8 for graphic material]

(5) Where emissions from the exhaust stack are likely to cause harmful exposure to employees, an effective air cleaning system shall be provided. Where virulent pathogens are likely to be released in the hood, incinerators or equally effective means of disposal shall be provided in the exhaust system to prevent employee exposure. See Section 5154.2 for requirements for biological safety cabinets.

(6) Blowers exhausting laboratory-type hoods in which hazardous substances are used shall be mounted outside the building or in service rooms outside the working area. For hoods with single, independent exhaust systems, blowers may be mounted inside the building provided that corrosion-resistant, sealed-joint duct-work is used.

(7) When perchloric acid is evaporated in laboratory-type hoods, the provisions of Section 5143(a)(4) shall apply. The materials of construction shall be nonorganic (except for unplasticized polyvinyl chloride), smooth, and nonabsorbent. The hood and exhaust system shall be washed down with water for decontamination and prior to opening for maintenance.

Exception: Portable laboratory scrubbing apparatus for perchloric acid digestions may be used in lieu of the special requirements of this paragraph.

NOTE: Authority cited: Section 142.3, Labor Code. Reference: Section 142.3, Labor Code.

HISTORY

1. New section filed 8-12-76; effective thirtieth day thereafter (Register 76, No. 33).
2. Editorial correction of subsection (e)(4) (Register 76, No. 48).
3. Amendment of subsections (b) and (e)(4) filed 4-16-80; effective thirtieth day thereafter (Register 80, No. 16).
4. Amendment filed 10-11-94; operative 11-10-94 (Register 94, No. 41).

[Go Back to Article 107 Table of Contents](#)

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Subchapter 7. General Industry Safety Orders
Group 2. Safe Practices and Personal Protection
Article 10. Personal Safety Devices and Safeguards

*Gloves, lab coats.
etc.*

New query

§3383. Body Protection.

- (a) Body protection may be required for employees whose work exposes parts of their body, not otherwise protected as required by other orders in this article, to hazardous or flying substances or objects.
- (b) Clothing appropriate for the work being done shall be worn. Loose sleeves, tails, ties, lapels, cuffs, or other loose clothing which can be entangled in moving machinery shall not be worn.
- (c) Clothing saturated or impregnated with flammable liquids, corrosive substances, irritants or oxidizing agents shall be removed and shall not be worn until properly cleaned.

 [Go Back to Article 10 Table of Contents](#)

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EMERGENCY



Schaeffer Ambulance

AMBUCLANCE

SCHAEFFER AMBUCLANCE

244-0101

1994

FIRE - RESCUE

911

HOSPITAL

OCCUPATIONAL MEDICINE CENTER 8:00AM-5:00PM 502-2050
 GLENDALE ADVENTIST MEDICAL CENTER 5:00PM - 8:00AM 409-8302

409-8302

PHYSICIAN

JOHN T. HAREBAUGH 502-2050

ALTERNATE

POLICE

911

CAL/OSHA

901-5403

(POSTING IS REQUIRED BY TITLE 8 SECTION 15126.2)



STATE OF CALIFORNIA
 DEPARTMENT OF INDUSTRIAL RELATIONS
 DIVISION OF OCCUPATIONAL SAFETY AND HEALTH
 P.O. BOX 001, San Francisco CA 94101

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1 ☐ Addressee's Address

2 ☒ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

CAS State Fire Marshal
Oil Refinery & Chemical Plant
Safety Program
777 Bowling Drive, Suite 600
Sacramento, CA 95823-2851

4a. Article Number

2308848321

4b. Service Type

☐ Registered

☐ Insured

☒ Certified

☐ COD

☐ Express Mail

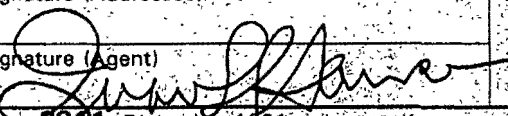
☐ Return Receipt for Merchandise

7. Date of Delivery

AUG 29 1994

5. Signature (Addressee)

6. Signature (Agent)



8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991


U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT


Thank you for using Return Receipt Service

UNITED STATES POSTAL SERVICE

Official Business




PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300


U.S. MAIL

Print your name, address and ZIP Code here

MacDermid Inc.
245 Freight Street
Waterbury, CT 06702



Z 308 548 321

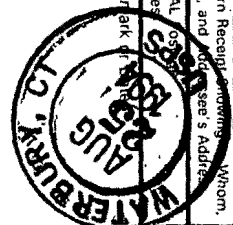


Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

PS Form 3800, March 1993

Sent to CA STATE FIRE MARSHAL Oil & Hazardous Chemical Plant Safety	
State and Zip Code 7171 Building Dr. Suite 600 Sacramento CA 95834	
Postage	\$.29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing Date, and addressee's Address	
TOTAL POSTAGE & Fees	\$2.29
Postmark of Office	



C. G. ILLIS

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES (see front).**

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

105603-93-B-0218

PS Form 3800, March 1993 (Reverse)

K. ARE EXPLOSIVES* HANDLED AT YOUR FACILITY?

YES _____ NO No

*EXPLOSIVES - Means any material identified in Part 172 (commencing with section 172.1) of Title 49 of the Code of Federal Regulations.

L. CERTIFICATION:

I certify under penalty of perjury under the laws of the State of California that the submitted information is true and complete and that the amounts contained in the report are accurate.

Cherrie D. Gillis
Name (please print)

Mgr. Regulatory Affairs
Official Title

Cherrie D. Gillis
Signature

August 25, 1994
Date Signed

PLEASE RETURN TO:

CALIFORNIA STATE FIRE MARSHAL
OIL REFINERY AND CHEMICAL PLANT SAFETY PROGRAM
7171 BOWLING DRIVE, SUITE 600
SACRAMENTO, CA 95823-2034

MAJOR GROUP 28 CHEMICAL AND ALLIED PRODUCTS
MAJOR GROUP 29 PETROLEUM REFINING AND RELATED INDUSTRIES
MANUAL OF STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODES
UNITED STATES OFFICE OF MANAGEMENT AND BUDGET

SIC Codes 28 Series
(Chemical and Allied Products)

2812 Alkalies and chlorine
2813 Industrial gases
2816 Inorganic pigments
2819 Industrial inorganic chemicals, *n.e.c.**
2821 Plastics materials, synthetic resins, and
non-vulcanizable elastomers
2822 Synthetic rubber (vulcanizable elastomers)
2823 Cellulosic manmade fibers
2824 Manmade organic fibers, except cellulosic
2833 Medicinal chemicals and botanical products
2834 Pharmaceutical preparations
2835 In vitro and in vivo diagnostic substances
2836 Biological products, except diagnostic
substances
2841 Soap and other detergents, except specialty
cleaners
2842 Specialty cleaning, polishing, and sanitation
preparations
2843 Surface active agents, finishing agents,
sulfonated oils, and assistants
2844 Perfumes, cosmetics, and other toilet
preparations
2851 Paints, varnishes, lacquers enamels, and allied
products
2861 Gum and wood chemicals
2865 Cyclic organic crudes and intermediates, and
organic dyes and pigments
2869 Industrial organic chemicals, *n.e.c.**
2873 Nitrogenous fertilizers
2874 Phosphatic fertilizers
2875 Fertilizers, mixing only
2879 Pesticides and agricultural chemicals, *n.e.c.**
2891 Adhesives and sealants
2892 Explosives
2893 Printing ink
2895 Carbon black
2899 Chemicals and chemical preparations, *n.e.c.**

SIC Codes 29 Series
(Petroleum Refining and Related Industries)

2911 Petroleum refining
2951 Asphalt paving mixtures and blocks
2952 Asphalt felts and coatings
2992 Lubricating oils and greases
2999 Products of petroleum and coal, *n.e.c.**

*Not elsewhere classified" indicated by "n.e.c."

CALIFORNIA STATE FIRE MARSHAL

GLOSSARY OF TERMS

AA	Administering Agency - The department, office or other agency of a county, city or city and county, designated pursuant to subdivision (c) of Section 25502 of the Health and Safety Code to administer hazardous materials release response plans and inventory programs. The Administering Agency is usually the local fire department, environmental health department or office of emergency services.
AHM	Acutely Hazardous Material - Any Chemical designated as an extremely hazardous substance which is listed in Appendix A to part 355 of Subchapter J of Chapter I of Title 40 of the Code of Federal Regulations.
Chemical Plant	Any plant, manufacturing, or other type of facility, (as specified in Code 28 Chemical and allied Products) of the Manual of Standard Industrial Classification Codes, published by the United States Office of Management and Budget, 1987 Edition, which handles acutely hazardous materials.
Oil Refinery	Any plant, manufacturer, or other type of facility as specified in Code 29 (Petroleum Refining and Related Industries) of the manual of Standard Industrial Management and Budget, 1987 Edition, which handles acutely hazardous materials.

STATE OF CALIFORNIA - STATE AND CONSUMER SERVICES AGENCY

PETE WILSON, Governor

STATE FIRE MARSHAL

Hazardous Liquid Pipeline Safety Division
Oil Refinery and Chemical Plant Safety Program
7171 Bowling Drive, Suite 600
Sacramento, California 95823-2034

(916) 262-1957
FAX (916) 262-1998



July 29, 1994

Macdermid Inc.
5439 W. San Fernando Road
Los Angeles, CA 90039-1090

916-262-1957

We have reason to believe that your company may be subject to the provisions of the California Oil Refinery and Chemical Plant Safety Preparedness Act of 1991. This law authorizes the California State Fire Marshal to assess an annual fee to oil refineries and chemical plants to cover program operational costs. The law is established in the California Government Code commencing with Section 51020. The implementing regulations are in the California Code of Regulations, Title 19, Article 3, commencing with Section 2350.

The purpose of this communication is to acquaint you with the provisions of the law and to request that you complete the enclosed jurisdictional questionnaire. This questionnaire will assist us in determining if your facility is jurisdictional to this program.

We ask that you complete the questionnaire and return it within 30 days to:

California State Fire Marshal
Oil Refinery and Chemical Plant Safety Program
7171 Bowling Drive, Suite 600
Sacramento, CA 95823-2034

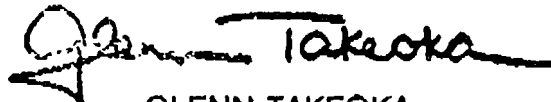
The objective of this law is to ensure that communities located near oil refineries and chemical plants receive the best achievable protection from the hazards associated with fires, explosions and catastrophic releases of hazardous materials.

July 29, 1994

Page Two

Specifically, it requires the California State Fire Marshal to 1) establish a Technical Advisory Committee of Oil Refinery and Chemical Plant Safety Preparedness made up of industry and government officials, 2) assess the adequacy of existing state and federal statutes and regulations intended to protect communities located near oil refineries and chemical plants, 3) resolve any overlap, duplication and inconsistencies between state statutes and regulations and applicable federal statutes and regulations governing emergency preparedness plans, practices and community protection, 4) establish and operate a statewide oil refinery and chemical emergency preparedness information clearinghouse and 5) award grants to local public health and safety agencies to further public safety and the environmental protection goals of the program.

Please contact Karen Herrera at (916) 262-1957, Tuesday through Thursday between the hours of 9:00 a.m. and 4:30 p.m., if you have any questions concerning completion of the questionnaire.



GLENN TAKEOKA
Supervising Deputy
State Fire Marshal

GT:kh

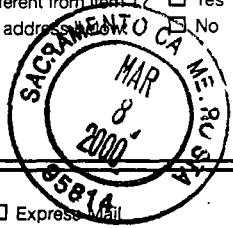
Enclosure

'99 BIENNIAL (LA WAREHOUSE)

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, on the front if space permits.

Article Addressed to:
 4 Dept. of Toxic Substances
 control
 Div. of Env. Info management
 (OEIM)
 P.O. Box 806
 Sacramento, CA. 95812-
 0806

A. Received by (Please Print Clearly)		B. Date of Delivery	
C. Signature x A. English <input type="checkbox"/> Agent <input type="checkbox"/> Addressee			
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input type="checkbox"/> No			
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.			
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			



Article Number (Copy from service label) 2 169 845 909

Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789



• Sender: Please print your name, address, and ZIP+4 in this box •
MacDermid, Inc.
 245 Freight Street
 Waterbury, CT 06702
 attn: Greg Strong

First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10



UNITED STATES POSTAL SERVICE

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: MACDERMID, INC.

EPA ID NO: C14D 0110 707 222



**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

1999 Hazardous Waste Report

**FORM
IC**

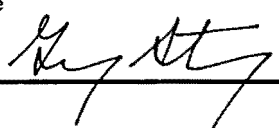
**IDENTIFICATION AND
CERTIFICATION**

Instructions: Please see the detailed instructions beginning on page 7 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each section is provided below.

Sec. I	Site name and location address. Check the box <input type="checkbox"/> in items A, B, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instructions page 7.		
A. EPA ID No. Same as label <input type="checkbox"/> or → <u>C14D 0110 707 222</u>		B. County Same as label <input type="checkbox"/> or → <u>LOS ANGELES</u>	
C. Site/company name Same as label <input checked="" type="checkbox"/> or →		D. Has the site name associated with this EPA ID changed since 1997? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input type="checkbox"/> or → <u>5439 SAN FERNANDO ROAD WEST</u>			
F. City, town, village Same as label <input type="checkbox"/> or → <u>LOS ANGELES</u>		G. State Same as label <input type="checkbox"/> or → <u>CA</u>	H. Zip Code Same as label <input type="checkbox"/> or → <u>9101319-1111</u>

Sec. II	Mailing address of site. Instructions page 7.		
A. Is the mailing address the same as the location address? <input type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input checked="" type="checkbox"/> 2 No (CONTINUE TO BOX B)			
B. Number and street name of mailing address <u>245 FREIGHT STREET</u>			
C. City, town, village <u>WATERBURY</u>		D. State <u>CT</u>	E. Zip Code <u>06702-1111</u>

Sec. III	Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instructions page 7.		
A. Last Name <u>STRONG</u>		First name <u>GREGORY</u>	M.I. <u>J.</u>
B. Title <u>MGR. REG. AFFAIRS</u>		C. Telephone Number <u>203 575-5703</u> Extension <u>1111</u>	

Sec. IV	"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations." Instructions page 8.		
A. Last Name <u>STRONG</u>		First name <u>GREGORY</u>	M.I. <u>J.</u>
B. Title <u>MANAGER OF REG. AFFAIRS</u>		C. Signature 	
D. Date of signature <u>02 17 00</u> Month Day Year			

Over →

EPA ID NO. C A D 0 1 0 7 0 7 2 2 2

Sec. V Generator status. Instructions begin on page 8.	
A. 1999 RCRA generator status (CHECK ONE BOX BELOW) <input checked="" type="checkbox"/> 1 LQG <input type="checkbox"/> 2 SQG <input type="checkbox"/> 3 CESQG <input type="checkbox"/> 4 Non-generator (CONTINUE TO BOX B)	B. Reason for not generating (CHECK ALL THAT APPLY) <input type="checkbox"/> 1 Never generated <input type="checkbox"/> 2 Out of business <input type="checkbox"/> 3 Only excluded or delisted waste <input type="checkbox"/> 4 Only non-hazardous waste <input type="checkbox"/> 5 Periodic or occasional generator <input type="checkbox"/> 6 Waste minimization activity <input type="checkbox"/> 7 Other (SPECIFY IN COMMENTS BOX BELOW)
SKIP TO SEC. VI	

Sec. VI On-site waste management status. Instructions page 10.	
A. Storage subject to RCRA permitting requirements <input type="checkbox"/>	B. Treatment, disposal, or recycling subject to RCRA permitting requirements <input type="checkbox"/>

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: MACDERMID, INC.

EPA ID NO: KAD 01101407 232



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1999 Hazardous Waste Report

FORM
GM

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) <div>MALEIC/PROPIONIC ACID</div>					
B. EPA hazardous waste code (page 12) <div><u>D1002</u></div>			C. State hazardous waste code (page 13) <div></div>			
D. SIC code (page 13) <div><u>2899</u></div>		E. Origin code (page 13) System Type <div><u>1</u> <u>M</u></div>		F. Source code (page 14) <div><u>A58</u></div>		
G. Point of measurement (p. 14) <div><u>1</u></div>		H. Form code (page 14) <div><u>B1105</u></div>		I. RCRA-radioactive mixed (page 14) <div><u>2</u></div>		
Sec. II	A. Quantity generated in 1999 (page 15) <div><u>35</u> <u>10</u></div>		B. UOM (page 15) Density <div><u>10</u> <u>100</u> <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg</div>		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <div><input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)</div>	
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2			
On-site process system type (page 16) <div><u>M</u></div>			Quantity treated, disposed, or recycled on site in 1999 (page 16) <div></div>			
On-site process system type (page 16) <div><u>M</u></div>			Quantity treated, disposed, or recycled on site in 1999 (page 16) <div></div>			
Sec. III	A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <div><input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX 8) <input type="checkbox"/> 2 No (FORM IS COMPLETE)</div>					
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <div><u>A20</u> <u>081</u> <u>705</u> <u>492</u></div>	C. System type shipped to (p. 17) <div><u>M041</u></div>	D. Off-site availability code (page 17) <div><u>1</u></div>	E. Total quantity shipped in 1999 (page 17) <div><u>35</u> <u>10</u></div>		
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <div></div>	C. System type shipped to (p. 17) <div><u>M</u></div>	D. Off-site availability code (page 17) <div></div>	E. Total quantity shipped in 1999 (page 17) <div></div>		
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <div></div>	C. System type shipped to (p. 17) <div><u>M</u></div>	D. Off-site availability code (page 17) <div></div>	E. Total quantity shipped in 1999 (page 17) <div></div>		
Comments:						

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: MACDERMID, INC.

EPA ID NO: LA00101407232



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1999 Hazardous Waste Report

FORM
GM

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) AMINE SOLUTION				
B. EPA hazardous waste code (page 12) <u>LA0012</u>			C. State hazardous waste code (page 13) <u> </u>		
D. SIC code (page 13) <u>2899</u>	E. Origin code (page 13) <u>LA</u> System Type <u>LM</u>	F. Source code (page 14) <u>LA58</u>	G. Point of measurement (p. 14) <u>LA</u>	H. Form code (page 14) <u>LA1110</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>

Sec. II	A. Quantity generated in 1999 (page 15) <u> 515.10</u>		B. UOM (page 15) <u>S</u> Density <u>10.00</u> <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site process system type (page 16) <u>LM</u>		Quantity treated, disposed, or recycled on site in 1999 (page 16) <u> </u>		On-site process system type (page 16) <u>LM</u>	
		Quantity treated, disposed, or recycled on site in 1999 (page 16) <u> </u>			

Sec. III	A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>LA200181705492</u>	C. System type shipped to (p. 17) <u>LM041</u>	D. Off-site availability code (page 17) <u>LA</u>	E. Total quantity shipped in 1999 (page 17) <u> 515.10</u>	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>LM</u>	D. Off-site availability code (page 17) <u> </u>	E. Total quantity shipped in 1999 (page 17) <u> </u>	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>LM</u>	D. Off-site availability code (page 17) <u> </u>	E. Total quantity shipped in 1999 (page 17) <u> </u>	

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: MCDERMID, INC.

EPA ID NO: LA10010407222



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1999 Hazardous Waste Report

FORM
GM

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) FLUOBORIC ACID				
B. EPA hazardous waste code (page 12) <u>D1002</u>			C. State hazardous waste code (page 13) <u> </u>		
D. SIC code (page 13) <u>2899</u>	E. Origin code (page 13) <u>U</u> System Type <u>M</u>	F. Source code (page 14) <u>A58</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B1015</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>
Sec. II	A. Quantity generated in 1999 (page 15) <u> 15.0</u>		B. UOM (page 15) <u>5</u> Density <u>10.00</u> <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site process system type (page 16) <u>M</u>		Quantity treated, disposed, or recycled on site in 1999 (page 16) <u> </u>		On-site process system type (page 16) <u>M</u>	
Quantity treated, disposed, or recycled on site in 1999 (page 16) <u> </u>		Quantity treated, disposed, or recycled on site in 1999 (page 16) <u> </u>		Quantity treated, disposed, or recycled on site in 1999 (page 16) <u> </u>	
Sec. III	A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>A20081705492</u>	C. System type shipped to (p. 17) <u>M121</u>	D. Off-site availability code (page 17) <u>U</u>	E. Total quantity shipped in 1999 (page 17) <u> 15.0</u>	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>U</u>	E. Total quantity shipped in 1999 (page 17) <u> </u>	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>U</u>	E. Total quantity shipped in 1999 (page 17) <u> </u>	

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: MACDERMID, INC.

EPA ID NO: K1AD 010 407 222



U.S. ENVIRONMENTAL PROTECTION AGENCY

1999 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) <p>POTASSIUM PERSULFATE</p>				
B. EPA hazardous waste code (page 12) <p><u>D1001</u></p>			C. State hazardous waste code (page 13) <p></p>		
D. SIC code (page 13) <p><u>2899</u></p>	E. Origin code (page 13) <p><u>1</u> System Type <u>M</u></p>	F. Source code (page 14) <p><u>A58</u></p>	G. Point of measurement (p. 14) <p><u>1</u></p>	H. Form code (page 14) <p><u>B315</u></p>	
I. RCRA-radioactive mixed (page 14) <p><u>2</u></p>					
Sec. II	A. Quantity generated in 1999 (page 15) <p><u>1</u> <u>10</u></p>		B. UOM (page 15) <p><u>5</u> Density <u>10</u> <u>100</u> <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg</p>		
C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <p><input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)</p>					
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site process system type (page 16) <p><u>M</u></p>			Quantity treated, disposed, or recycled on site in 1999 (page 16) <p></p>		
On-site process system type (page 16) <p><u>M</u></p>			Quantity treated, disposed, or recycled on site in 1999 (page 16) <p></p>		
Sec. III	A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <p><input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)</p>				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <p><u>A20081705492</u></p>	C. System type shipped to (p. 17) <p><u>M</u> <u>0717</u></p>	D. Off-site availability code (page 17) <p><u>1</u></p>	E. Total quantity shipped in 1999 (page 17) <p><u>1</u> <u>10</u></p>	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <p></p>	C. System type shipped to (p. 17) <p><u>M</u></p>	D. Off-site availability code (page 17) <p></p>	E. Total quantity shipped in 1999 (page 17) <p></p>	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <p></p>	C. System type shipped to (p. 17) <p><u>M</u></p>	D. Off-site availability code (page 17) <p></p>	E. Total quantity shipped in 1999 (page 17) <p></p>	
Comments:					

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: MACDERMID, INC.

EPA ID NO: CA1010407222



U.S. ENVIRONMENTAL PROTECTION AGENCY

1999 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) CADMIUM/LEAD SOLUTION				
B. EPA hazardous waste code (page 12) <u>D1006</u> <u>D1008</u>			C. State hazardous waste code (page 13) _____		
D. SIC code (page 13) <u>2899</u>	E. Origin code (page 13) <u>1</u> System Type <u>M</u>	F. Source code (page 14) <u>A58</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B114</u>	
I. RCRA-radioactive mixed (page 14) <u>2</u>					
Sec. II	A. Quantity generated in 1999 (page 15) _____ <u>2</u> . <u>0</u>		B. UOM (page 15) <u>5</u> Density <u>10</u> . <u>00</u> <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		
C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)					
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site process system type (page 16) <u>M</u>			On-site process system type (page 16) <u>M</u>		
Quantity treated, disposed, or recycled on site in 1999 (page 16) _____			Quantity treated, disposed, or recycled on site in 1999 (page 16) _____		

Sec. III	A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>A20081705402</u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) _____ <u>2</u> . <u>0</u>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) _____
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) _____

Comments:

9/15/10

Waste code missing
Should be D002

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: MACDERMID, INC.

EPA ID NO: LA1D 0110 407 222



U.S. ENVIRONMENTAL PROTECTION AGENCY

1999 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) <p style="text-align: center;">NITRIC ACID</p>				
B. EPA hazardous waste code (page 12) <u> </u>			C. State hazardous waste code (page 13) <u> </u>		
D. SIC code (page 13) <u>2899</u>	E. Origin code (page 13) System Type <u>1</u> [M]	F. Source code (page 14) <u>LA58</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B105</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>
Sec. II	A. Quantity generated in 1999 (page 15) <u> 160.10</u>		B. UOM (page 15) Density <u>10.00</u> <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site process system type (page 16) <u>[M]</u>			On-site process system type (page 16) <u>[M]</u>		
Quantity treated, disposed, or recycled on site in 1999 (page 16) <u> </u>			Quantity treated, disposed, or recycled on site in 1999 (page 16) <u> </u>		
Sec. III	A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>LA20081705492</u>	C. System type shipped to (p. 17) <u>[M101717]</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u> 60.10</u>	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>[M]</u>	D. Off-site availability code (page 17) <u> </u>	E. Total quantity shipped in 1999 (page 17) <u> </u>	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>[M]</u>	D. Off-site availability code (page 17) <u> </u>	E. Total quantity shipped in 1999 (page 17) <u> </u>	
Comments:					

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: MACDERMID, INC.

EPA ID NO: LA10101407232



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1999 Hazardous Waste Report

FORM
GM

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) SULFURIC ACID				
B. EPA hazardous waste code (page 12) <u>D10102</u>			C. State hazardous waste code (page 13) <u> </u>		
D. SIC code (page 13) <u>2899</u>	E. Origin code (page 13) <u>1</u> System Type <u>M1</u>	F. Source code (page 14) <u>A158</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B11015</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>
Sec. II	A. Quantity generated in 1999 (page 15) <u> 700 </u>		B. UOM (page 15) <u>5</u> Density <u>10.00</u> <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site process system type (page 16) <u>M1</u>		Quantity treated, disposed, or recycled on site in 1999 (page 16) <u> </u>		On-site process system type (page 16) <u>M1</u>	
Quantity treated, disposed, or recycled on site in 1999 (page 16) <u> </u>		Quantity treated, disposed, or recycled on site in 1999 (page 16) <u> </u>		Quantity treated, disposed, or recycled on site in 1999 (page 16) <u> </u>	
Sec. III	A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>LA20081705492</u>	C. System type shipped to (p. 17) <u>M11211</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u> 700 </u>	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>M1</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u> </u>	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>M1</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u> </u>	

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: MACDERMID, INC.EPA ID NO: LA10101407232U.S. ENVIRONMENTAL
PROTECTION AGENCY

1999 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) TARTARIC ACID				
B. EPA hazardous waste code (page 12) <u>101012</u>			C. State hazardous waste code (page 13) <u> </u>		
D. SIC code (page 13) <u>2899</u>	E. Origin code (page 13) <u>1</u> System Type <u>1</u>	F. Source code (page 14) <u>158</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>11015</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>

Sec. II	A. Quantity generated in 1999 (page 15) <u> 1515.10</u>	B. UOM (page 15) Density <u>1.0</u> <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM			ON-SITE PROCESS SYSTEM 2	
On-site process system type (page 16) <u>1</u>		Quantity treated, disposed, or recycled on site in 1999 (page 16) <u> </u>	On-site process system type (page 16) <u>1</u>	
		Quantity treated, disposed, or recycled on site in 1999 (page 16) <u> </u>		

Sec. III	A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>LA200181705492</u>	C. System type shipped to (p. 17) <u>111211</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u> 1515.10</u>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>1</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u> </u>
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>1</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u> </u>

Comments:

9/15/00 SUP

Waste code missing

Should be D002

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: MAGDERMID, INC.

EPA ID NO: LA01010407232



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1999 Hazardous Waste Report

FORM
GM

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) NICKEL SULFATE				
B. EPA hazardous waste code (page 12) <u> </u>			C. State hazardous waste code (page 13) <u> </u>		
D. SIC code (page 13) <u>2899</u>	E. Origin code (page 13) <u>1</u> System Type <u>1</u>	F. Source code (page 14) <u>158</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>1105</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>

Sec. II	A. Quantity generated in 1999 (page 15) <u> </u>		B. UOM (page 15) <u>5</u> Density <u>1010</u> <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site process system type (page 16) <u>1</u>		Quantity treated, disposed, or recycled on site in 1999 (page 16) <u> </u>		On-site process system type (page 16) <u>1</u>	
				Quantity treated, disposed, or recycled on site in 1999 (page 16) <u> </u>	

Sec. III	A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>LA200181705492</u>	C. System type shipped to (p. 17) <u>10177</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u> </u>	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>1</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u> </u>	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>1</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u> </u>	

Comments:

FORM
GM

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER.

SITE NAME: MACDERMID, INC.

EPA ID NO: 1AD 0110 407 232



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1999 Hazardous Waste Report

FORM
GM

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) SULFURIC ACID/FERRIC SULFATE				
B. EPA hazardous waste code (page 12) <u>1D1012</u>			C. State hazardous waste code (page 13) <u> </u>		
D. SIC code (page 13) <u>2899</u>	E. Origin code (page 13) <u>1</u> System Type <u>LM</u>	F. Source code (page 14) <u>1A58</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>1B11015</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>

Sec. II	A. Quantity generated in 1999 (page 15) <u> 150.0</u>		B. UOM (page 15) Density <u> </u> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site process system type (page 16) <u>LM</u>		Quantity treated, disposed, or recycled on site in 1999 (page 16) <u> </u>		On-site process system type (page 16) <u>LM</u>	
		Quantity treated, disposed, or recycled on site in 1999 (page 16) <u> </u>			

Sec. III	A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>1A20 0181 705 492</u>	C. System type shipped to (p. 17) <u>LM1717</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u> 150.0</u>	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>LM</u>	D. Off-site availability code (page 17) <u> </u>	E. Total quantity shipped in 1999 (page 17) <u> </u>	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>LM</u>	D. Off-site availability code (page 17) <u> </u>	E. Total quantity shipped in 1999 (page 17) <u> </u>	

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: MACDERMID, INC.

EPA ID NO: K1AD 010 407 222



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1999 Hazardous Waste Report

FORM
GM

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12)				
CHROMIC ACID					
B. EPA hazardous waste code (page 12)		C. State hazardous waste code (page 13)			
<u>D1001</u> <u>D1007</u>					
D. SIC code (page 13)	E. Origin code (page 13)	F. Source code (page 14)	G. Point of measurement (p. 14)	H. Form code (page 14)	
<u>2899</u>	<u>U</u> System Type <u>M</u>	<u>A58</u>	<u>U</u>	<u>B316</u>	
I. RCRA-radioactive mixed (page 14) <u>2</u>					
Sec. II	A. Quantity generated in 1999 (page 15)		B. UOM (page 15)		
<u>165</u> <u>10</u>		<u>5</u>			
		Density <u>10</u> <u>100</u>			
		<input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg			
C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)					
<input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)		<input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2			
On-site process system type (page 16)		Quantity treated, disposed, or recycled on site in 1999 (page 16)			
<u>M</u>		<u>165</u> <u>10</u>			
Sec. III	A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17)				
<input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)					
Site 1	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999 (page 17)	
	<u>A120 081 705 492</u>	<u>M1071</u>	<u>U</u>	<u>165</u> <u>10</u>	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999 (page 17)	
		<u>M</u>	<u>U</u>		
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999 (page 17)	
		<u>M</u>	<u>U</u>		
Comments:					

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SITE NAME: MACDERMID, INC.

EPA ID NO: LA10101407232



U.S. ENVIRONMENTAL PROTECTION AGENCY

1999 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) FERRIC CHLORIDE				
B. EPA hazardous waste code (page 12) <u>10102</u>		C. State hazardous waste code (page 13) <u> </u>			
D. SIC code (page 13) <u>2899</u>	E. Origin code (page 13) <u>LA</u>	F. Source code (page 14) <u>58</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>105</u>	
I. RCRA-radioactive mixed (page 14) <u>2</u>					
Sec. II	A. Quantity generated in 1999 (page 15) <u> 5.0</u>		B. UOM (page 15) <u>5</u> Density <u>10.00</u> <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		
C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)					
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site process system type (page 16) <u>LA</u>			On-site process system type (page 16) <u>LA</u>		
Quantity treated, disposed, or recycled on site in 1999 (page 16) <u> </u>			Quantity treated, disposed, or recycled on site in 1999 (page 16) <u> </u>		
Sec. III	A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>A200181705492</u>	C. System type shipped to (p. 17) <u>LA0717</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u> 5.0</u>	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>LA</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u> </u>	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>LA</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u> </u>	
Comments:					

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: MACDERMID, INC.

EPA ID NO: LA0010407222



U.S. ENVIRONMENTAL
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1999 Hazardous Waste Report

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WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I		A. Waste description (page 12) SODIUM HYDROXIDE				
B. EPA hazardous waste code (page 12) <u>D002</u>		C. State hazardous waste code (page 13) <u> </u>				
D. SIC code (page 13) <u>2899</u>	E. Origin code (page 13) <u>U</u> System Type <u>ML</u>	F. Source code (page 14) <u>A58</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B110</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>	
Sec. II		A. Quantity generated in 1999 (page 15) <u> 690.0</u>				
		B. UOM (page 15) <u>5</u> Density <u>10.00</u> <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)		
ON-SITE PROCESS SYSTEM		ON-SITE PROCESS SYSTEM 2				
On-site process system type (page 16) <u>ML</u>		Quantity treated, disposed, or recycled on site in 1999 (page 16) <u> </u>		On-site process system type (page 16) <u>ML</u>		
		Quantity treated, disposed, or recycled on site in 1999 (page 16) <u> </u>				
Sec. III		A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>A20081705492</u>	C. System type shipped to (p. 17) <u>M1121</u>	D. Off-site availability code (page 17) <u>U</u>	E. Total quantity shipped in 1999 (page 17) <u> 690.0</u>		
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>ML</u>	D. Off-site availability code (page 17) <u>U</u>	E. Total quantity shipped in 1999 (page 17) <u> </u>		
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>ML</u>	D. Off-site availability code (page 17) <u>U</u>	E. Total quantity shipped in 1999 (page 17) <u> </u>		
Comments:						

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: MAGDERMID, INC.

EPA ID NO: LA01010407232



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1999 Hazardous Waste Report

FORM
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WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) POTASSIUM HYDROXIDE				
B. EPA hazardous waste code (page 12) <u>U01012</u>			C. State hazardous waste code (page 13) <u> </u>		
D. SIC code (page 13) <u>2899</u>	E. Origin code (page 13) <u>U</u> System Type <u>U</u>	F. Source code (page 14) <u>A58</u>	G. Point of measurement (p. 14) <u>U</u>	H. Form code (page 14) <u>B1110</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>

Sec. II	A. Quantity generated in 1999 (page 15) <u> 21910 </u>	B. UOM (page 15) <u>5</u> Density <u>10 1010</u> <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type (page 16) <u>U</u>	Quantity treated, disposed, or recycled on site in 1999 (page 16) <u> </u>	On-site process system type (page 16) <u>U</u>	Quantity treated, disposed, or recycled on site in 1999 (page 16) <u> </u>

Sec. III	A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>A200181705492</u>	C. System type shipped to (p. 17) <u>U1211</u>	D. Off-site availability code (page 17) <u>U</u>	E. Total quantity shipped in 1999 (page 17) <u> 2910 </u>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>U</u>	D. Off-site availability code (page 17) <u>U</u>	E. Total quantity shipped in 1999 (page 17) <u> </u>
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>U</u>	D. Off-site availability code (page 17) <u>U</u>	E. Total quantity shipped in 1999 (page 17) <u> </u>

Comments:

BEFORE COPYING
ENTER:

SITE NAME:

SNP 9/15/00
Unit of measure missing
should be 2 lbs/gal

EPA ID NO:

U.S. ENVIRONMENTAL
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1999 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENTInstructions: Please
complete this formpage 11 of the instructions and forms booklet before
ans specific to each box is provided in parentheses.

Sec. I A. Waste code

1

B. EPA hazardous waste code
(page 12)

030102

C. State hazardous waste code (page 13)

D. SIC code
(page 13)

2899

E. Origin code
(page 13) System Type

M

F. Source code
(page 14)

A518

G. Point of
measurement
(p. 14)

1

H. Form code
(page 14)

B11015

I. RCRA-radioactive mixed
(page 14)

2

Sec. II A. Quantity generated in 1999
(page 15)

5.0

B. UOM
(page 15) Density

5

110.000

□ 1 lbs/gal □ 2 sg

C. Did this site do any of the following to this waste: treat on site,
dispose on site, recycle on site, or discharge to a sewer/POTW?
(page 15)□ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM

On-site process system type
(page 16)

M

Quantity treated, disposed, or
recycled on site in 1999 (page 16)

ON-SITE PROCESS SYSTEM 2

On-site process system type Quantity treated, disposed, or
(page 16) recycled on site in 1999 (page 16)

M

Sec. III A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17)
☒ 1 Yes (CONTINUE TO BOX B) □ 2 No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility waste was shipped to
(page 17)

A121010811710514012

C. System type
shipped to (p. 17)

M121

D. Off-site availability
code (page 17)

1

E. Total quantity shipped in 1999 (page 17)

5.0

Site 2

B. EPA ID No. of facility waste was shipped to
(page 17)C. System type
shipped to (p. 17)

M

D. Off-site availability
code (page 17)

E. Total quantity shipped in 1999 (page 17)

Site 3

B. EPA ID No. of facility waste was shipped to
(page 17)C. System type
shipped to (p. 17)

M

D. Off-site availability
code (page 17)

E. Total quantity shipped in 1999 (page 17)

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER

SITE NAME MACDERMID, INC.EPA ID NO EAD010407222U.S. ENVIRONMENTAL
PROTECTION AGENCY

1999 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) <u>CORROSIVE LIQUID</u>					
B. EPA hazardous waste code (page 12) <u>D002</u>			C. State hazardous waste code (page 13) <u> </u>			
D. SIC code (page 13) <u>2899</u>	E. Origin code (page 13) <u>1</u>	F. Source code (page 14) <u>58</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B119</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>	

Sec. II	A. Quantity generated in 1999 (page 15) <u> 541.0</u>		B. UOM (page 15) <u>1</u> Density <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site process system type (page 16) <u>1M</u>		Quantity treated, disposed, or recycled on site in 1999 (page 16) <u> </u>		On-site process system type (page 16) <u>1M</u>	
		Quantity treated, disposed, or recycled on site in 1999 (page 16) <u> </u>			

Sec. III	A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>EAD059494310</u>	C. System type shipped to (p. 17) <u>1M141</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u> 541.0</u>	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>1M</u>	D. Off-site availability code (page 17) <u> </u>	E. Total quantity shipped in 1999 (page 17) <u> </u>	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>1M</u>	D. Off-site availability code (page 17) <u> </u>	E. Total quantity shipped in 1999 (page 17) <u> </u>	

Comments:

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SITE NAME MACDERMID, INC.EPA ID NO EAD010407222U.S. ENVIRONMENTAL
PROTECTION AGENCY

1999 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) ETHANOLAMINE LIQUID				
B. EPA hazardous waste code (page 12) D002			C. State hazardous waste code (page 13) _____		
D. SIC code (page 13) 2899	E. Origin code (page 13) 1 System Type [M]	F. Source code (page 14) A5B	G. Point of measurement (p. 14) 1	H. Form code (page 14) B219	I. RCRA-radioactive mixed (page 14) 2

Sec. II	A. Quantity generated in 1999 (page 15) 812.0	B. UOM (page 15) 1 Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type (page 16) [M]		On-site process system type (page 16) [M]	
Quantity treated, disposed, or recycled on site in 1999 (page 16) _____		Quantity treated, disposed, or recycled on site in 1999 (page 16) _____	

Sec. III	A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) EAD059494310	C. System type shipped to (p. 17) [M141]	D. Off-site availability code (page 17) 1	E. Total quantity shipped in 1999 (page 17) 812.0
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) [M]	D. Off-site availability code (page 17) 1	E. Total quantity shipped in 1999 (page 17) _____
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) [M]	D. Off-site availability code (page 17) 1	E. Total quantity shipped in 1999 (page 17) _____

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER

SITE NAME: MACDERMID, INC.EPA ID NO. EAD 010 407 222U.S. ENVIRONMENTAL
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1999 Hazardous Waste Report

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GMWASTE GENERATION
AND MANAGEMENT

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Sec. I A Waste description (page 12) <u>CORROSIVE LIQUID ACIDIC ORGANIC</u>					
B. EPA hazardous waste code (page 12) <u>D002</u>			C. State hazardous waste code (page 13) _____		
D. SIC code (page 13) <u>2899</u>	E. Origin code (page 13) <u>1</u> System Type <u>M</u>	F. Source code (page 14) <u>A58</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B219</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>

Sec. II A. Quantity generated in 1999 (page 15) <u>40.0</u>		B. UOM (page 15) <u>1</u> Density <u>1</u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1 On-site process system type (page 16) <u>M</u>		Quantity treated, disposed, or recycled on site in 1999 (page 16) _____	ON-SITE PROCESS SYSTEM 2 On-site process system type (page 16) <u>M</u>
		Quantity treated, disposed, or recycled on site in 1999 (page 16) _____	

Sec. III A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>EAD 059 494 310</u>	C. System type shipped to (p. 17) <u>M141</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u>40.0</u>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) _____
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) _____

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER

SITE NAME. MACDERMID, INC.EPA ID NO. EAD 010 407 222U.S. ENVIRONMENTAL
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Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I A. Waste description (page 12) <u>CORROSIVE SOLID ACIDIC INORGANIC</u>					
B. EPA hazardous waste code (page 12) <u>D 0 0 2</u>			C. State hazardous waste code (page 13) _____		
D. SIC code (page 13) <u>2899</u>	E. Origin code (page 13) <u>1</u> System Type [M] _____	F. Source code (page 14) <u>A 58</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B 319</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>

Sec. II A. Quantity generated in 1999 (page 15) <u>600.0</u>		B. UOM (page 15) <u>1</u> Density [M] _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1 On-site process system type (page 16) [M] _____ Quantity treated, disposed, or recycled on site in 1999 (page 16) _____		ON-SITE PROCESS SYSTEM 2 On-site process system type (page 16) [M] _____ Quantity treated, disposed, or recycled on site in 1999 (page 16) _____	

Sec. III A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>EAD 918 0675 276</u>	C. System type shipped to (p. 17) [M] <u>141</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u>600.0</u>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) [M] _____	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1999 (page 17) _____
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) [M] _____	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1999 (page 17) _____

Comments:

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SITE NAME MACDERMID, INC.EPA ID NO. EAD 010 407 222U.S. ENVIRONMENTAL
PROTECTION AGENCY

1999 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I A. Waste description (page 12) HYDROGEN PEROXIDE SOLUTION					
B. EPA hazardous waste code (page 12) <u>D001</u>			C. State hazardous waste code (page 13) _____		
D. SIC code (page 13) <u>2899</u>	E. Origin code (page 13) <u>1</u> System Type <u>M</u>	F. Source code (page 14) <u>5B</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B119</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>

Sec. II A. Quantity generated in 1999 (page 15) <u>160.0</u>		B. UOM (page 15) <u>1</u> Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1 On-site process system type (page 16) <u>M</u>		ON-SITE PROCESS SYSTEM 2 On-site process system type (page 16) <u>M</u>	
Quantity treated, disposed, or recycled on site in 1999 (page 16) _____		Quantity treated, disposed, or recycled on site in 1999 (page 16) _____	

Sec. III A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>UTD 981 552 177</u>	C. System type shipped to (p. 17) <u>M1141</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u>160.0</u>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) _____
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) _____

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1999 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I A Waste description (page 12) <u>OXIDIZING LIQUID</u>					
B. EPA hazardous waste code (page 12) <u>D001</u>			C. State hazardous waste code (page 13) _____		
D. SIC code (page 13) <u>2899</u>	E. Origin code (page 13) <u>1</u>	F. Source code (page 14) <u>A58</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B119</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>

Sec. II A. Quantity generated in 1999 (page 15) <u>1640.0</u>		B. UOM (page 15) <u>1</u> Density <u>1</u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1 On-site process system type (page 16) <u>M</u>		ON-SITE PROCESS SYSTEM 2 On-site process system type (page 16) <u>M</u>	
Quantity treated, disposed, or recycled on site in 1999 (page 16) _____		Quantity treated, disposed, or recycled on site in 1999 (page 16) _____	

Sec. III A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>UTD 981 552 177</u>	C. System type shipped to (p. 17) <u>M141</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u>1640.0</u>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) _____
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) _____

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SITE NAME: MACDERMID, INC.EPA ID NO EAD 010 407 222U.S. ENVIRONMENTAL
PROTECTION AGENCY

1999 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) <u>LAB PACK (OXIDIZING, CORROSIVE LIQUID)</u>				
B. EPA hazardous waste code (page 12) <u>D001 D002</u>			C. State hazardous waste code (page 13) _____		
D. SIC code (page 13) <u>2899</u>	E. Origin code (page 13) <u>1</u> System Type <u>M</u>	F. Source code (page 14) <u>A58</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B002</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>

Sec. II	A. Quantity generated in 1999 (page 15) <u>140.0</u>	B. UOM (page 15) <u>1</u> Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site process system type (page 16) <u>M</u>		Quantity treated, disposed, or recycled on site in 1999 (page 16) _____		
On-site process system type (page 16) <u>M</u>		Quantity treated, disposed, or recycled on site in 1999 (page 16) _____		

Sec. III	A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>UTD 981 552 177</u>	C. System type shipped to (p. 17) <u>M141</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u>140.0</u>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) _____
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) _____

Comments:

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SITE NAME MACDERMID, INC.EPA ID NO 6140110407222U.S. ENVIRONMENTAL
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1999 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) <u>LAB PACK (SOLID INORGANIC)</u>				
B. EPA hazardous waste code (page 12) <u>10107</u>			C. State hazardous waste code (page 13) _____		
D. SIC code (page 13) <u>2899</u>	E. Origin code (page 13) <u>1</u> System Type <u>[M]</u>	F. Source code (page 14) <u>58</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>10102</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>
Sec. II	A. Quantity generated in 1999 (page 15) <u>60.0</u>		B. UOM (page 15) <u>1</u> Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site process system type (page 16) <u>[M]</u>		Quantity treated, disposed, or recycled on site in 1999 (page 16) _____		On-site process system type (page 16) <u>[M]</u>	
		Quantity treated, disposed, or recycled on site in 1999 (page 16) _____			

Sec. III	A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>UTD 981 552 177</u>	C. System type shipped to (p. 17) <u>[M]</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u>60.0</u>	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>[M]</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) _____	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>[M]</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) _____	

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SITE NAME: MACDERMID, INC.EPA ID NO EAD 0110 407 222U.S. ENVIRONMENTAL
PROTECTION AGENCY

1999 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) LAB PACK (CORROSIVE LIQUID BASIC INORGANIC)					
B. EPA hazardous waste code (page 12) <u>D002</u>			C. State hazardous waste code (page 13) _____			
D. SIC code (page 13) <u>2899</u>	E. Origin code (page 13) <u>1</u>	F. Source code (page 14) <u>58</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B002</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>	

Sec. II	A. Quantity generated in 1999 (page 15) <u>120.0</u>	B. UOM (page 15) Density <u>1</u> lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type (page 16) <u>1</u>		On-site process system type (page 16) <u>1</u>	
Quantity treated, disposed, or recycled on site in 1999 (page 16) _____		Quantity treated, disposed, or recycled on site in 1999 (page 16) _____	

Sec. III	A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>UTD 981 552 177</u>	C. System type shipped to (p. 17) <u>141</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u>120.0</u>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>1</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) _____
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>1</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) _____

Comments:

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SITE NAME: MACDERMID, INC.

EPA ID NO EAD 010 407 222



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1999 Hazardous Waste Report

FORM
GM

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I		A. Waste description (page 12) <u>CORROSIVE LIQUID ACIDIC INORGANIC</u>			
B. EPA hazardous waste code (page 12) <u>D002</u>		C. State hazardous waste code (page 13) <u> </u>			
D. SIC code (page 13) <u>2899</u>	E. Origin code (page 13) <u>1</u>	F. Source code (page 14) <u>A5B</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B119</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>
Sec. II		A. Quantity generated in 1999 (page 15) <u>28758.0</u>			
B. UOM (page 15) <u>1</u>		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2			
On-site process system type (page 16) <u>M</u>		Quantity treated, disposed, or recycled on site in 1999 (page 16) <u> </u>		On-site process system type (page 16) <u>M</u>	
Quantity treated, disposed, or recycled on site in 1999 (page 16) <u> </u>		Quantity treated, disposed, or recycled on site in 1999 (page 16) <u> </u>		Quantity treated, disposed, or recycled on site in 1999 (page 16) <u> </u>	
Sec. III					
A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)					
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>EAD 050 806 850</u>	C. System type shipped to (p. 17) <u>M121</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u>28758.0</u>	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u> </u>	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u> </u>	
Comments:					

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PROTECTION AGENCY

1999 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I A Waste description (page 12) <u>SULFURIC ACID</u>					
B. EPA hazardous waste code (page 12) <u>D002</u>			C. State hazardous waste code (page 13) <u></u>		
D. SIC code (page 13) <u>2899</u>	E. Origin code (page 13) <u>1</u> System Type <u>M</u>	F. Source code (page 14) <u>A58</u>	G. Point of measurement (p 14) <u>1</u>	H. Form code (page 14) <u>B119</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>

Sec. II A. Quantity generated in 1999 (page 15) <u>2318.0</u>		B. UOM (page 15) <u>1</u> Density <u></u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1 On-site process system type (page 16) <u>M</u>		ON-SITE PROCESS SYSTEM 2 On-site process system type (page 16) <u>M</u>	
Quantity treated, disposed, or recycled on site in 1999 (page 16) <u></u>		Quantity treated, disposed, or recycled on site in 1999 (page 16) <u></u>	

Sec. III A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>EAD 050 806 850</u>	C. System type shipped to (p. 17) <u>M121</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u>2318.0</u>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <u></u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u></u>	E. Total quantity shipped in 1999 (page 17) <u></u>
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <u></u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u></u>	E. Total quantity shipped in 1999 (page 17) <u></u>

Comments:

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SITE NAME. MACDERMID, INC.EPA ID NO. EAD 010 407 222U.S. ENVIRONMENTAL
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1999 Hazardous Waste Report

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Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) <u>OXIDIZING SOLID (CORROSIVE)</u>				
B. EPA hazardous waste code (page 12) <u>D001 D002</u>			C. State hazardous waste code (page 13) _____		
D. SIC code (page 13) <u>2899</u>	E. Origin code (page 13) <u>1</u> System Type <u>M</u>	F. Source code (page 14) <u>A58</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B319</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>

Sec. II	A. Quantity generated in 1999 (page 15) <u>495.0</u>	B. UOM (page 15) <u>1</u> Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type (page 16) <u>M</u>		On-site process system type (page 16) <u>M</u>	
Quantity treated, disposed, or recycled on site in 1999 (page 16) _____		Quantity treated, disposed, or recycled on site in 1999 (page 16) _____	

Sec. III	A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>EAD 050 806 850</u>	C. System type shipped to (p. 17) <u>M121</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u>495.0</u>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) _____
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) _____

Comments:

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Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I A. Waste description (page 12) <u>OXIDIZING LIQUID CORROSIVE</u>					
B. EPA hazardous waste code (page 12) <u>D001 D002</u>			C. State hazardous waste code (page 13) _____		
D. SIC code (page 13) <u>2899</u>	E. Origin code (page 13) <u>1</u> System Type <u>M</u>	F. Source code (page 14) <u>A58</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B319</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>

Sec. II A. Quantity generated in 1999 (page 15) <u>416.5</u>		B. UOM (page 15) <u>1</u> Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1 On-site process system type (page 16) <u>M</u>		Quantity treated, disposed, or recycled on site in 1999 (page 16) _____	ON-SITE PROCESS SYSTEM 2 On-site process system type (page 16) <u>M</u>
		Quantity treated, disposed, or recycled on site in 1999 (page 16) _____	

Sec. III A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>CAD 050 806 850</u>	C. System type shipped to (p. 17) <u>M121</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u>416.5</u>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) _____
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) _____

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER

SITE NAME: MACDERMID, INC.EPA ID NO: CAD 010 407 222U.S. ENVIRONMENTAL
PROTECTION AGENCY

1999 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I A. Waste description (page 12) <u>HYDROCHLORIC ACID</u>					
B. EPA hazardous waste code (page 12) <u>D002</u>			C. State hazardous waste code (page 13) _____		
D. SIC code (page 13) <u>2899</u>	E. Origin code (page 13) <u>1</u> System Type [M] _____	F. Source code (page 14) <u>A5B</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B119</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>

Sec. II A. Quantity generated in 1999 (page 15) <u>1842.5</u>		B. UOM (page 15) Density [] [] <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1 On-site process system type (page 16) [M] _____		ON-SITE PROCESS SYSTEM 2 On-site process system type (page 16) [M] _____	
Quantity treated, disposed, or recycled on site in 1999 (page 16) _____		Quantity treated, disposed, or recycled on site in 1999 (page 16) _____	

Sec. III A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>CAD 050 806 850</u>	C. System type shipped to (p. 17) [M] <u>1211</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u>1842.5</u>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) [M] _____	D. Off-site availability code (page 17) []	E. Total quantity shipped in 1999 (page 17) _____
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) [M] _____	D. Off-site availability code (page 17) []	E. Total quantity shipped in 1999 (page 17) _____

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER

SITE NAME: MACDERMID, INC.EPA ID NO CAD 010 407 222U.S. ENVIRONMENTAL
PROTECTION AGENCY

1999 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I A. Waste description (page 12) NITRIC ACID SOLUTION					
B. EPA hazardous waste code (page 12) <u>D002</u>			C. State hazardous waste code (page 13) _____		
D. SIC code (page 13) <u>2899</u>	E. Origin code (page 13) <u>1</u> System Type <u>M</u>	F. Source code (page 14) <u>A58</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B119</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>

Sec. II A. Quantity generated in 1999 (page 15) <u>500.0</u>		B. UOM (page 15) <u>1</u> Density <u>1</u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC III)
ON-SITE PROCESS SYSTEM 1 On-site process system type (page 16) <u>M</u>		Quantity treated, disposed, or recycled on site in 1999 (page 16) _____	ON-SITE PROCESS SYSTEM 2 On-site process system type (page 16) <u>M</u>
		Quantity treated, disposed, or recycled on site in 1999 (page 16) _____	

Sec. III A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>CAD 050 806 850</u>	C. System type shipped to (p. 17) <u>M121</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u>500.0</u>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) _____
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) _____

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER.

SITE NAME: MACDERMID, INC.EPA ID NO EAD 010 407 222U.S. ENVIRONMENTAL
PROTECTION AGENCY

1999 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) <u>CHROMIUM SOLUTION</u>				
B. EPA hazardous waste code (page 12) <u>D007</u>			C. State hazardous waste code (page 13) _____		
D. SIC code (page 13) <u>2899</u>	E. Origin code (page 13) <u>1</u> System Type <u>M</u>	F. Source code (page 14) <u>A58</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B1119</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>

Sec. II	A. Quantity generated in 1999 (page 15) <u>810.0</u>	B. UOM (page 15) <u>1</u> Density <u>1</u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)		
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site process system type (page 16) <u>M</u>		Quantity treated, disposed, or recycled on site in 1999 (page 16) _____	On-site process system type (page 16) <u>M</u>		Quantity treated, disposed, or recycled on site in 1999 (page 16) _____

Sec. III	A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>EAD 0150 806 850</u>	C. System type shipped to (p. 17) <u>M121</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u>810.0</u>	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) _____	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) _____	

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER.

SITE NAME: MACDERMID, INC.

EPA ID NO: EAD 010 407 222



**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

1999 Hazardous Waste Report

**FORM
GM**

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I					
A. Waste description (page 12) <u>FLAMMABLE LIQUIDS</u>					
B. EPA hazardous waste code (page 12) <u>D001</u>			C. State hazardous waste code (page 13) <u> </u>		
D. SIC code (page 13) <u>2899</u>	E. Origin code (page 13) <u>1</u>	F. Source code (page 14) <u>A58</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B219</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>

Sec. II		A. Quantity generated in 1999 (page 15) <u> 30.0 </u>		B. UOM (page 15) <u>1</u> Density <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site process system type (page 16) <u>M</u>		Quantity treated, disposed, or recycled on site in 1999 (page 16) <u> </u>		On-site process system type (page 16) <u>M</u>	

Sec. III				
A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX 8) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>TX D 077 603 371</u>	C. System type shipped to (p. 17) <u>M141</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u> 30.0 </u>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u> </u>
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u> </u>

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER.

SITE NAME: MACDERMID, INC.EPA ID NO: EAD 010 407 222U.S. ENVIRONMENTAL
PROTECTION AGENCY

1999 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A Waste description (page 12) <u>COMBUSTIBLE LIQUID</u>					
B. EPA hazardous waste code (page 12) <u>D001</u>			C. State hazardous waste code (page 13) <u> </u>			
D. SIC code (page 13) <u>2899</u>	E. Origin code (page 13) <u>1</u> System Type <u>M</u>	F. Source code (page 14) <u>58</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B219</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>	

Sec. II	A. Quantity generated in 1999 (page 15) <u> 1249.5</u>		B. UOM (page 15) <u>1</u> Density <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site process system type (page 16) <u>M</u>		Quantity treated, disposed, or recycled on site in 1999 (page 16) <u> </u>		On-site process system type (page 16) <u>M</u>	
		Quantity treated, disposed, or recycled on site in 1999 (page 16) <u> </u>			

Sec. III	A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>TXID 077 603 371</u>	C. System type shipped to (p. 17) <u>M141</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u> 1249.5</u>	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u> </u>	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u> </u>	

Comments:

BEFORE COPYING FORM, ATTACH SITE
ENTER.SITE NAME. MACDERMIDEPA ID NO. EAD01019/15/00 SNP
Waste code missing
-Should be D001U.S. ENVIRONMENTAL
PROTECTION AGENCY

1999 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENTInstructions: Please see the d
completing this form. In additiInstructions and forms booklet before
each box is provided in parentheses.

Sec. I	A. Waste description (page 12) <u>LAB PACK</u>					C. State hazardous waste code (page 13) <u>NIC</u>													
B. EPA hazardous waste code (page 12) <u> </u>					D. SIC code (page 13) <u>2899</u>					E. Origin code (page 13) System Type <u> </u>		F. Source code (page 14) <u>158</u>		G. Point of measurement (p. 14) <u>1</u>		H. Form code (page 14) <u>B002</u>		I. RCRA-radioactive mixed (page 14) <u>2</u>	

Sec. II	A. Quantity generated in 1999 (page 15) <u> 50.0</u>		B. UOM (page 15) Density <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)				
ON-SITE PROCESS SYSTEM 1					ON-SITE PROCESS SYSTEM 2				
On-site process system type (page 16)		Quantity treated, disposed, or recycled on site in 1999 (page 16)			On-site process system type (page 16)		Quantity treated, disposed, or recycled on site in 1999 (page 16)		
<u> </u>		<u> </u>			<u> </u>		<u> </u>		

Sec. III	A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>TXID 077 603 371</u>	C. System type shipped to (p. 17) <u> </u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u> 50.0</u>	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u> </u>	D. Off-site availability code (page 17) <u> </u>	E. Total quantity shipped in 1999 (page 17) <u> </u>	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u> </u>	D. Off-site availability code (page 17) <u> </u>	E. Total quantity shipped in 1999 (page 17) <u> </u>	

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER

SITE NAME. MACDERMID, INC.EPA ID NO EAD010407222U.S. ENVIRONMENTAL
PROTECTION AGENCY

1999 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I A. Waste description (page 12) <u>LAB PACK (MERCURY SOLID)</u>					
B. EPA hazardous waste code (page 12) <u>D009</u>			C. State hazardous waste code (page 13) _____		
D. SIC code (page 13) <u>2899</u>	E. Origin code (page 13) <u>1</u> System Type <u>M</u>	F. Source code (page 14) <u>A58</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B002</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>

Sec. II A. Quantity generated in 1999 (page 15) <u>5.0</u>		B. UOM (page 15) <u>1</u> Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1 On-site process system type (page 16) <u>M</u>		ON-SITE PROCESS SYSTEM 2 On-site process system type (page 16) <u>M</u>	
Quantity treated, disposed, or recycled on site in 1999 (page 16) _____		Quantity treated, disposed, or recycled on site in 1999 (page 16) _____	

Sec. III A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>W1R000000356</u>	C. System type shipped to (p. 17) <u>M141</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u>5.0</u>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) _____
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) _____

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: MACDERMID, INC.

EPA ID NO: K14D 0110 707 222



**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

1999 Hazardous Waste Report

**FORM
OI**

**OFF-SITE
IDENTIFICATION**

Instructions: Please read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter <u>K14D 0150 8106 8150</u>	B. Name of off-site installation or transporter <u>SAFETY-KLEEN (L.A.), INC.</u>	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility		
		D. Address of off-site installation Street <u>5756 ALBA STREET</u> City <u>LOS ANGELES</u> State <u>CA</u> Zip <u>90058</u> - <u>1111</u>	

Site 2	A. EPA ID No. of off-site installation or transporter <u>SCD 9187 5714 6147</u>	B. Name of off-site installation or transporter <u>SAFETY-KLEEN, INC.</u>	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		
		D. Address of off-site installation Street <u>PO BOX 11393</u> City <u>COLUMBIA</u> State <u>SC</u> Zip <u>29211</u> - <u>1111</u>	

Site 3	A. EPA ID No. of off-site installation or transporter <u>AZD 0181 705 4102</u>	B. Name of off-site installation or transporter <u>HERITAGE ENVIRONMENTAL SERVICES</u>	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility		
		D. Address of off-site installation Street <u>5122 EAST STORREY ROAD</u> City <u>COOLIDGE</u> State <u>AZ</u> Zip <u>85228</u> - <u>1111</u>	

Site 4	A. EPA ID No. of off-site installation or transporter <u>TXD 0177 603 3711</u>	B. Name of off-site installation or transporter <u>SK-DENTON</u>	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility		
		D. Address of off-site installation Street <u>1722 COOPER ROAD</u> City <u>DENTON</u> State <u>TX</u> Zip <u>76201</u> - <u>1111</u>	

Site 5	A. EPA ID No. of off-site installation or transporter <u>MTD 9181 552 1177</u>	B. Name of off-site installation or transporter <u>SK-ARAGONITE</u>	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility		
		D. Address of off-site installation Street <u>11600 NORTH APTUS ROAD</u> City <u>ARAGONITE</u> State <u>MT</u> Zip <u>81402</u> - <u>1111</u>	

Comments:

EPA ID NO: C4D010707222



**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

1999 Hazardous Waste Report

**FORM
OI**

OFF-SITE IDENTIFICATION

Instructions: Please read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter C1AD 191810 16715 12716	B. Name of off-site installation or transporter SK-BUTTONWILLOW	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility	D. Address of off-site installation Street 2500 LOKERN ROAD City BUTTONWILLOW State CA Zip 913121016-1111	

Site 2	A. EPA ID No. of off-site installation or transporter E A D 10594943110	B. Name of off-site installation or transporter SK - SAN JOSE
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility		D. Address of off-site installation Street 1021 BERRYESSA ROAD City SAN JOSE State CA Zip 95133-1111

Site 3	A. EPA ID No. of off-site installation or transporter W11R 01010 1000 3516	B. Name of off-site installation or transporter MERCURY WASTE SOLUTIONS
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility	
D. Address of off-site installation Street 21211 DURAND AVENUE City UNION GROVE State WI Zip 53182-1111		

Site 4	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter	
	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>		
C. Handler type (CHECK ALL THAT APPLY)		D. Address of off-site installation	
<input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		Street _____ City _____ State <div> <div></div> <div></div> </div> Zip <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> - <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	

Site 5	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter
	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	
C. Handler type (CHECK ALL THAT APPLY)		D. Address of off-site installation
<input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		Street _____ City _____ State <div><div></div><div></div></div> Zip <div> <div></div><div></div><div></div><div></div><div></div> </div> - <div> <div></div><div></div><div></div><div></div><div></div> </div>

Comments:

Date: 02/25/00

Page: 1

DRUM TRACKING SHEET (by Drum with weights)

UPMAC
Epa Id: CAD010707222 State Id: HAHQ36053550
MACDERMID, INC.

5439 SAN FERNANDO RD. WEST

LOS ANGELES, CA 90039-

HARRY

(816) 244-9600

System Manifest: UPMAC-95785375

Manifest Year : 1999

State Doc : 95785375

Router : SUE

Truck : 210001

Pickup Date : 02/05/99

Receive Date : 02/19/99

SWO : 21484

ITEM	DRUM NUMBER	LINE ITEM	TYPE/SIZE	WEIGHT	WUM	VOLUME	VUM	EPA CODES
1	990205-UPMAC-086	1A	DF 5	30.00 P		5.00 GAL		131 ,D001
2	990205-UPMAC-087	1B	DF 55	514.00 P		50.00 GAL		791 ,D002
3	990205-UPMAC-088	1B	DF 55	514.00 P		50.00 GAL		791 ,D002
4	990205-UPMAC-089	1B	DF 55	514.00 P		50.00 GAL		791 ,D002
5	990205-UPMAC-090	1B	DF 55	514.00 P		50.00 GAL		791 ,D002
6	990205-UPMAC-091	1C	DF 5	91.00 P		5.00 GAL		791 ,D002
7	990205-UPMAC-092	1C	DF 5	91.00 P		5.00 GAL		791 ,D002
8	990205-UPMAC-093	1C	DF 5	91.00 P		5.00 GAL		791 ,D002
9	990205-UPMAC-094	1D	DM 55	620.00 P		50.00 GAL		792 ,D002,D006
10	990205-UPMAC-095	1D	DM 55	620.00 P		50.00 GAL		792 ,D002,D006
11	990205-UPMAC-096	2A	DF 85	495.00 P		50.00 GAL		791 ,D002
12	990205-UPMAC-097	2B	DF 55	495.00 P		50.00 GAL		791 ,D002
13	990205-UPMAC-098	2B	DF 55	495.00 P		50.00 GAL		791 ,D002
14	990205-UPMAC-099	2B	DF 55	495.00 P		50.00 GAL		791 ,D002
15	990205-UPMAC-100	2C	DF 10	495.00 P		0.00		181 ,D001,D002
16	990205-UPMAC-101	2D	DF 85	160.00 P		50.00 GAL		791 ,D001,D002
17	990205-UPMAC-102	2E	DF 5	160.00 P		5.00 GAL		133 ,D001
18	990205-UPMAC-103	2E	DF 5	160.00 P		5.00 GAL		133 ,D001
19	990205-UPMAC-104	2E	DF 5	160.00 P		5.00 GAL		133 ,D001
20	990205-UPMAC-105	2E	DF 5	160.00 P		5.00 GAL		133 ,D001
21	990205-UPMAC-106	2F	DF 10	160.00 P		0.00		181 ,NONE
22	990205-UPMAC-107	2G	DF 55	160.00 P		50.00 GAL		141 ,NONE

TOTALS

22 Containers

7194.00

640.00

Date: 02/25/00

Page: 1

DRUM TRACKING SHEET (QC Worksheet)

UPMAC

Epa Id: CAD010707222 State Id: HAKQ36053550

MACDERMID, INC.

5439 SAN FERNANDO RD. WEST

LOS ANGELES, CA 90039-

HARRY

(818) 344-9600

System Manifest: UPMAC-95785375

Manifest Year : 1999

State Doc : 95785375

Router : SUE

Truck : 210001

Pickup Date : 02/05/99

Receive Date : 02/10/99

SWO : 21484

ITEM	DRUM NUMBER	P/L	TYF/812	APPROVAL	PROFILE	DOT SHIP NAME	FACILITY	LOCATION
1	990205-UPMAC-086	1A	DF 5	SKDEN-1829070-3	UPMAC-0212	Waste flammable liquids, n.o.s.	SK-DENION	DW-11N
	**sample							
2	990205-UPMAC-087	1B	DF 55	PRO-ACID	UPMAC-0214	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
3	990205-UPMAC-088	1B	DF 55	PRO-ACID	UPMAC-0214	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
4	990205-UPMAC-089	1B	DF 55	PRO-ACID	UPMAC-0214	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
5	990205-UPMAC-090	1B	DF 55	PRO-ACID	UPMAC-0214	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
6	990205-UPMAC-091	1C	DF 5	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
7	990205-UPMAC-092	1C	DF 5	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
8	990205-UPMAC-093	1C	DF 5	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
9	990205-UPMAC-094	1D	DM 55	PRO-ACID	UPMAC-0199	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
10	990205-UPMAC-095	1D	DM 55	PRO-ACID	UPMAC-0199	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
11	990205-UPMAC-096	2A	DF 85	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
12	990205-UPMAC-097	2B	DF 55	PRO-ACID	UPMAC-0188	WASTE SULFURIC ACID, LIQUID	LASC	EMPTY
	**sample							
13	990205-UPMAC-098	2B	DF 55	PRO-ACID	UPMAC-0188	WASTE SULFURIC ACID, LIQUID	LASC	EMPTY
	**sample							
14	990205-UPMAC-099	2B	DF 55	PRO-ACID	UPMAC-0188	WASTE SULFURIC ACID, LIQUID	LASC	EMPTY
	**sample							
15	990205-UPMAC-100	2C	DF 10	PRO-OXIDIZER	UPMAC-0209	Waste oxidizing solid, corrosive, n.o.	LASC	DW-1D
	**sample							
16	990205-UPMAC-101	2D	DF 85	LP-OXLN	UPMAC-0208	WASTE HYDROGEN PEROXIDE, AQUEOUS SOLUT	APT-A	DW-1D
	**sample							
17	990205-UPMAC-102	2E	DF 5	LP-OXLN	UPMAC-0113	Waste Oxidizing liquid, n.o.s.	APT-A	DW-5B
	**sample							
18	990205-UPMAC-103	2E	DF 5	LP-OXLN	UPMAC-0113	Waste Oxidizing liquid, n.o.s.	APT-A	DW-5B
	**sample							
19	990205-UPMAC-104	2E	DF 5	LP-OXLN	UPMAC-0113	Waste Oxidizing liquid, n.o.s.	APT-A	DW-5B
	**sample							
20	990205-UPMAC-105	2E	DF 5	LP-OXLN	UPMAC-0113	Waste Oxidizing liquid, n.o.s.	APT-A	DW-5B
	**sample							
21	990205-UPMAC-106	2F	DF 10	B17265-BDC-0398	UPMAC-0127	Non rcra hazardous waste, solid	LOKERN	
	**sample							
22	990205-UPMAC-107	2G	DF 55	B18479-BTC-1198	UPMAC-0072	(NICKEL SULFAMATE) Non rcra hazardous	LOKERN	DW-7G
	**sample							

Date: 02/25/00

Page: 1

DRUM TRACKING SHEET (by Drum with weights)

UPMAC

Epa Id: CAD010707222 State Id: HAH036053550

MACDERMID, INC.

3439 SAN FERNANDO RD. WEST

LOS ANGELES, CA 90039-

HARRY

(818) 244-9600

System Manifest: UPMAC-98436480

Manifest Year : 1999

State Doc : 98436480

Router : SUE

Truck : 209002

Pickup Date : 02/05/99

Receive Date : 02/09/99

GWO : 21484

ITEM	DRUM NUMBER	LINE ITEM	TYPE/SIZE	WEIGHT	WUM	VOLUME	VUM	EPA CODES
1	990205-UPMAC-001	1C	DF 55	416.50	P	50.00	GAL	792 ,D002
2	990205-UPMAC-002	2A	DF 55	416.50	P	50.00	GAL	331 ,D001,D002,NONE
3	990205-UPMAC-003	2A	DF 55	416.50	P	50.00	GAL	331 ,NONE
4	990205-UPMAC-004	2A	DF 55	416.60	P	50.00	GAL	331 ,NONE
5	990205-UPMAC-005	2B	DF 55	150.00	P	0.00		181 ,NONE
6	990205-UPMAC-006	2B	DF 55	150.00	P	0.00		181 ,NONE
7	990205-UPMAC-007	2B	DF 55	150.00	P	0.00		181 ,NONE
8	990205-UPMAC-008	2B	DF 55	150.00	P	0.00		181 ,NONE
9	990205-UPMAC-009	2C	DF 55	416.50	P	50.00	GAL	791 ,D002
10	990205-UPMAC-010	2C	DF 55	416.50	P	50.00	GAL	791 ,D002
11	990205-UPMAC-011	2C	DF 55	416.50	P	50.00	GAL	791 ,D002
12	990205-UPMAC-012	2C	DF 55	416.50	P	50.00	GAL	791 ,D002
13	990205-UPMAC-013	2C	DF 55	416.50	P	50.00	GAL	791 ,D002
14	990205-UPMAC-014	2C	DF 55	416.50	P	50.00	GAL	791 ,D002
15	990205-UPMAC-015	2C	DF 55	416.50	P	50.00	GAL	791 ,D002
16	990205-UPMAC-016	2C	DF 55	416.50	P	50.00	GAL	791 ,D002
17	990205-UPMAC-017	2C	DF 55	416.50	P	50.00	GAL	791 ,D002
18	990205-UPMAC-018	2C	DF 55	416.50	P	50.00	GAL	791 ,D002
19	990205-UPMAC-019	2C	DF 55	416.50	P	50.00	GAL	791 ,D002
20	990205-UPMAC-020	2C	DF 55	416.50	P	50.00	GAL	791 ,D002
21	990205-UPMAC-021	2C	DF 55	416.50	P	50.00	GAL	791 ,D002
22	990205-UPMAC-022	2C	DF 55	416.50	P	50.00	GAL	791 ,D002
23	990205-UPMAC-023	2C	DF 55	416.50	P	50.00	GAL	791 ,D002
24	990205-UPMAC-024	2C	DF 55	416.50	P	50.00	GAL	791 ,D002
25	990205-UPMAC-025	2C	DF 55	416.50	P	50.00	GAL	791 ,D002
26	990205-UPMAC-026	2C	DF 55	416.50	P	50.00	GAL	791 ,D002
27	990205-UPMAC-027	2C	DF 55	416.50	P	50.00	GAL	791 ,D002
28	990205-UPMAC-028	2C	DF 55	416.50	P	50.00	GAL	791 ,D002
29	990205-UPMAC-029	2C	DF 55	416.50	P	50.00	GAL	791 ,D002
30	990205-UPMAC-030	2C	DF 55	416.50	P	50.00	GAL	791 ,D002
31	990205-UPMAC-031	2C	DF 55	416.50	P	50.00	GAL	791 ,D002
32	990205-UPMAC-032	2C	DF 55	416.50	P	50.00	GAL	791 ,D002
33	990205-UPMAC-033	2C	DF 55	416.50	P	50.00	GAL	791 ,D002
34	990205-UPMAC-034	2C	DF 55	416.50	P	50.00	GAL	791 ,D002
35	990205-UPMAC-035	2C	DF 55	416.50	P	50.00	GAL	791 ,D002
36	990205-UPMAC-036	2C	DF 55	416.50	P	50.00	GAL	791 ,D002
37	990205-UPMAC-037	2C	DF 55	416.50	P	50.00	GAL	791 ,D002
38	990205-UPMAC-038	2C	DF 55	416.50	P	50.00	GAL	791 ,D002
39	990205-UPMAC-039	2C	DF 55	416.50	P	50.00	GAL	791 ,D002
40	990205-UPMAC-040	2C	DF 55	416.50	P	50.00	GAL	791 ,D002
41	990205-UPMAC-041	2D	DF 5	41.65	P	5.00	GAL	791 ,D002
42	990205-UPMAC-042	2D	DF 5	41.65	P	5.00	GAL	791 ,D002

43	990205-UPMAC-043	2D	DF	5	41.65 P	5.00 GAL	791 ,D002
44	990205-UPMAC-044	2D	DF	5	41.65 P	5.00 GAL	791 ,D002
45	990205-UPMAC-045	2D	DF	5	41.65 P	5.00 GAL	791 ,D002
46	990205-UPMAC-046	2E	DF	55	416.50 P	50.00 GAL	791 ,D002

**** continued ****

Date: 02/25/00

Page: 2

DRUM TRACKING SHEET (by Drum with weights)

UPMAC
 Spa Id: CAD010707222 State Id: WAHQ36053550
 MACDERMID, INC.
 3439 SAN FERNANDO RD. WEST
 LOS ANGELES, CA 90039-
 HARRY
 (918) 244-9600

System Manifest: UPMAC-98436480
 Manifest Year : 1999
 State Doc : 98436480
 Router : SUE
 Truck : 209002
 Pickup Date : 02/05/99
 Receive Date : 02/09/99
 SNO : 21484

ITEM	DRUM NUMBER	LINE	ITM	TYPE/SIZE	WEIGHT	WUM	VOLUME	VUM	EPA CODES
47	990205-UPMAC-047	2E		DF 55	416.50	P	50.00	GAL	791 .D002
48	990205-UPMAC-048	2E		DF 55	416.50	P	50.00	GAL	791 .D002
49	990205-UPMAC-049	2E		DF 55	416.50	P	50.00	GAL	791 .D002
50	990205-UPMAC-050	2E		DF 55	416.50	P	50.00	GAL	791 .D002
51	990205-UPMAC-051	2E		DF 55	416.50	P	50.00	GAL	791 .D002
52	990205-UPMAC-052	2E		DF 55	416.50	P	50.00	GAL	791 .D002
53	990205-UPMAC-053	2E		DF 55	416.50	P	50.00	GAL	791 .D002
54	990205-UPMAC-054	2E		DF 55	416.50	P	50.00	GAL	791 .D002
55	990205-UPMAC-055	2E		DF 55	416.50	P	50.00	GAL	791 .D002
56	990205-UPMAC-056	2F		DF 55	416.50	P	50.00	GAL	791 .D002
57	990205-UPMAC-057	2F		DF 55	416.50	P	50.00	GAL	791 .D002
58	990205-UPMAC-058	2F		DF 55	416.50	P	50.00	GAL	791 .D002
59	990205-UPMAC-059	2F		DF 55	416.50	P	50.00	GAL	791 .D002
60	990205-UPMAC-060	2F		DF 55	416.50	P	50.00	GAL	791 .D002
61	990205-UPMAC-061	2F		DF 55	416.50	P	50.00	GAL	791 .D002
62	990205-UPMAC-062	2F		DF 55	416.50	P	50.00	GAL	791 .D002
63	990205-UPMAC-063	2F		DF 55	416.50	P	50.00	GAL	791 .D002
64	990205-UPMAC-064	2F		DF 55	416.50	P	50.00	GAL	791 .D002
65	990205-UPMAC-065	2F		DF 55	416.50	P	50.00	GAL	791 .D002
66	990205-UPMAC-066	2F		DF 55	416.50	P	50.00	GAL	791 .D002
67	990205-UPMAC-067	2F		DF 55	416.50	P	50.00	GAL	791 .D002
68	990205-UPMAC-068	2F		DF 55	416.50	P	50.00	GAL	791 .D002
69	990205-UPMAC-069	2F		DF 55	416.50	P	50.00	GAL	791 .D002
70	990205-UPMAC-070	2F		DF 55	416.50	P	50.00	GAL	791 .D002
71	990205-UPMAC-071	2F		DF 55	416.50	P	50.00	GAL	791 .D002
72	990205-UPMAC-072	2F		DF 55	416.50	P	50.00	GAL	791 .D002
73	990205-UPMAC-073	2F		DF 55	416.50	P	50.00	GAL	791 .D002
74	990205-UPMAC-074	2F		DF 55	416.50	P	50.00	GAL	791 .D002
75	990205-UPMAC-075	2F		DF 55	416.50	P	50.00	GAL	791 .D002
76	990205-UPMAC-076	2G		DM 55	501.00	P	50.00	GAL	791 .D002
77	990205-UPMAC-077	2H		DF 55	406.00	P	50.00	GAL	122 .D001,D002
78	990205-UPMAC-078	2I		DF 55	406.00	P	50.00	GAL	122 .D001,D002
79	990205-UPMAC-079	3B		DF 55	406.00	P	50.00	GAL	791 .D002
80	990205-UPMAC-080	3C		DF 55	416.50	P	50.00	GAL	791 .D002
81	990205-UPMAC-081	3D		DM 30	249.90	P	30.00	GAL	791 .D002
82	990205-UPMAC-082	3D		DM 30	249.90	P	30.00	GAL	791 .D002
93	990205-UPMAC-083	3F		DF 55	416.50	P	50.00	GAL	791 .D002
84	990205-UPMAC-084	3F		DF 55	416.50	P	50.00	GAL	791 .D002
85	990205-UPMAC-085	3I		DF 55	416.50	P	50.00	GAL	331 .D001

TOTALS 85 Containers 32182.15 3785.00

Date: 02/25/00

Page: 1

DRUM TRACKING SHEET (QC Worksheet)

UPMAC

Epa Id: CAD010707222 State Id: HAHQ36053550

MACDERMID, INC.

5439 SAN FERNANDO RD. WEST

LOS ANGELES, CA 90039-

HARRY

(818) 244-9600

System Manifest: UPMAC-98436480

Manifest Year : 1999

State Doc : 98436480

Router : SUE

Truck : 209002

Pickup Date : 02/05/99

Receive Date : 02/09/99

SWO : 21484

416.50
1249.5
600

ITEM	DRUM NUMBER	P/L	TYP/SIZ	APPROVAL	PROFILE	DOT SHIP NAME	FACILITY	LOCATION
1	990205-UPMAC-001	1C	DF 55	PRO-OXIDIZER	UPMAC-0204	Waste oxidizing liquid, corrosive, n.o	LASC	EMPTY
2	990205-UPMAC-002	2A	DF 55	SKDEN-1829070-3	UPMAC-0202	Combustible liquid, n.o.s.	SK-DENTON	DP-1-1A
	**sample							
3	990205-UPMAC-003	2A	DF 55	SKDEN-1829070-3	UPMAC-0202	Combustible liquid, n.o.s.	SK-DENTON	DP-1-2F
	**sample							
4	990205-UPMAC-004	2A	DF 55	SKDEN-1829070-3	UPMAC-0202	Combustible liquid, n.o.s.	SK-DENTON	DP-1-2A
	**sample							
5	990205-UPMAC-005	2B	DF 55	B19483-BDC-0698	UPMAC-0213	Corrosive solids, acidic, inorganic, n	LOKERN	DW-9G
	**sample							
6	990205-UPMAC-006	2B	DF 55	B19483-BDC-0698	UPMAC-0213	Corrosive solids, acidic, inorganic, n	LOKERN	DW-9G
7	990205-UPMAC-007	2B	DF 55	B19483-BDC-0698	UPMAC-0213	Corrosive solids, acidic, inorganic, n	LOKERN	DW-9E
8	990205-UPMAC-008	2B	DF 55	B19483-BDC-0698	UPMAC-0213	Corrosive solids, acidic, inorganic, n	LOKERN	DW-9E
9	990205-UPMAC-009	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
10	990205-UPMAC-010	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
11	990205-UPMAC-011	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
12	990205-UPMAC-012	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
13	990205-UPMAC-013	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
14	990205-UPMAC-014	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
15	990205-UPMAC-015	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
16	990205-UPMAC-016	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
17	990205-UPMAC-017	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
18	990205-UPMAC-018	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
19	990205-UPMAC-019	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
20	990205-UPMAC-020	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
21	990205-UPMAC-021	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
22	990205-UPMAC-022	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							

*** continued ***

Date. 02/25/00

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DRUM TRACKING SHEET (QC Worksheet)

UPMAC

Epa Id: CAD010707222 State Id: HAHQ36053550

MACDERMID, INC.

5439 SAN FERNANDO RD. WEST

LOS ANGELES, CA 90039-

HARRY

(819) 244-9600

System Manifest: UPMAC-98436480

Manifest Year : 1999

State Doc : 98436480

Router : SUE

Truck : 209002

Pickup Date : 02/05/99

Receive Date : 02/09/99

SWO : 21484

13,328

ITEM	DRUM NUMBER	P/L	TYP	SIZE	APPROVAL	PROFILE	DOT SHIP NAME	FACILITY	LOCATION
23	990205-UPMAC-023	2C	DF	55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
24	990205-UPMAC-024	2C	DF	55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
25	990205-UPMAC-025	2C	DF	55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
26	990205-UPMAC-026	2C	DF	55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
27	990205-UPMAC-027	2C	DF	55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
28	990205-UPMAC-028	2C	DF	55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
29	990205-UPMAC-029	2C	DF	55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
30	990205-UPMAC-030	2C	DF	55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
31	990205-UPMAC-031	2C	DF	55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
32	990205-UPMAC-032	2C	DF	55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
33	990205-UPMAC-033	2C	DF	55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
34	990205-UPMAC-034	2C	DF	55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
35	990205-UPMAC-035	2C	DF	55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
36	990205-UPMAC-036	2C	DF	55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
37	990205-UPMAC-037	2C	DF	55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
38	990205-UPMAC-038	2C	DF	55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
39	990205-UPMAC-039	2C	DF	55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
40	990205-UPMAC-040	2C	DF	55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
41	990205-UPMAC-041	2D	DF	5	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
42	990205-UPMAC-042	2D	DF	5	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								

**** continued ****

Date: 02/25/00

Page: 1

DRUM TRACKING SHEET (QC Worksheet)

UPMAC

Epa Id: CAD010707223 State Id: HAHQ36053550

MACDERMID, INC.

3439 SAN FERNANDO RD. WEST

LOS ANGELES, CA 90039-

HARRY

(818) 244-9600

System Manifest: UPMAC-98436480

Manifest Year : 1999

State Doc : 98436480

Router : SUE

Truck : 209002

Pickup Date : 02/05/99

Receive Date : 02/09/99

SWO : 21484

208.25

1165

ITEM	DRUM NUMBER	P/L	TYP	SIZE	APPROVAL	PROFILE	DOT SHIP NAME	FACILITY	LOCATION
43	990205-UPMAC-043	2D	DF	5	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
44	990205-UPMAC-044	2D	DF	5	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
45	990205-UPMAC-045	2D	DF	5	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
46	990205-UPMAC-046	2E	DF	55	PRO-ACID	UPMAC-0214	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
47	990205-UPMAC-047	2E	DF	55	PRO-ACID	UPMAC-0214	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
48	990205-UPMAC-048	2E	DF	55	PRO-ACID	UPMAC-0214	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
49	990205-UPMAC-049	2E	DF	55	PRO-ACID	UPMAC-0214	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
50	990205-UPMAC-050	2E	DF	55	PRO-ACID	UPMAC-0214	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
51	990205-UPMAC-051	2E	DF	55	PRO-ACID	UPMAC-0214	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
52	990205-UPMAC-052	2E	DF	55	PRO-ACID	UPMAC-0214	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
53	990205-UPMAC-053	2E	DF	55	PRO-ACID	UPMAC-0214	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
54	990205-UPMAC-054	2E	DF	55	PRO-ACID	UPMAC-0214	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
55	990205-UPMAC-055	2E	DF	55	PRO-ACID	UPMAC-0214	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
56	990205-UPMAC-056	2F	DF	55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
57	990205-UPMAC-057	2F	DF	55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
58	990205-UPMAC-058	2F	DF	55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
59	990205-UPMAC-059	2F	DF	55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
60	990205-UPMAC-060	2F	DF	55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
61	990205-UPMAC-061	2F	DF	55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
62	990205-UPMAC-062	2F	DF	55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								

**** continued ****

Date: 02/25/00

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DRUM TRACKING SHEET (QC Worksheet)

UPMAC

Epa Id: CAD010707222 State Id: HAMQ36053530
MACDERMID, INC.

5439 SAN FERNANDO RD. WEST

LOS ANGELES, CA 90039-

HARRY

(918) 244-9600

System Manifest: UPMAC-98436480

Manifest Year : 1999

State Doc : 98436480

Router : SUE

Truck : 209002

Pickup Date : 02/05/99

Receive Date : 02/09/99

SWO : 21484

8330

ITEM	DRUM NUMBER	P/L	TYP/SIZ	APPROVAL	PROFILE	DOT SHIP NAME	FACILITY	LOCATION
63	990205-UPMAC-063	2F	DF 55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
64	990205-UPMAC-064	2F	DF 55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
65	990205-UPMAC-065	2F	DF 55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
66	990205-UPMAC-066	2F	DF 55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
67	990205-UPMAC-067	2F	DF 55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
68	990205-UPMAC-068	2F	DF 55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
69	990205-UPMAC-069	2F	DF 55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
70	990205-UPMAC-070	2F	DF 55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
71	990205-UPMAC-071	2F	DF 55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
72	990205-UPMAC-072	2F	DF 55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
73	990205-UPMAC-073	2F	DF 55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
74	990205-UPMAC-074	2F	DF 55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
75	990205-UPMAC-075	2F	DF 55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
76	990205-UPMAC-076	2Q	DM 55	SJ99-0536	UPMAC-0104	Waste Corrosive liquids, n.o.s.	LES SJ	DW-7H
	**sample							
77	990205-UPMAC-077	2H	DF 55	SJ99-0539	UPMAC-0200	WASTE ETHANOLAMINE SOLUTIONS, LIQUID	LES SJ	DW-8F
	**sample							
78	990205-UPMAC-078	2I	DF 55	SJ99-0539	UPMAC-0205	WASTE ETHANOLAMINE SOLUTIONS, LIQUID	LES SJ	DW-8A
	**sample							
79	990205-UPMAC-079	3B	DF 55	SJ99-0536	UPMAC-0206	WASTE HYDROCHLORIC ACID, SOLUTION, LIQ	LES SJ	DW-7F
	**sample							
80	990205-UPMAC-080	3C	DF 55	PRO-ACID	UPMAC-0207	WASTE HYDROCHLORIC ACID, SOLUTION, LIO	LASC	EMPTY
	**sample							
81	990205-UPMAC-081	3D	DM 30	PRO-ACID	UPMAC-0203	WASTE NITRIC ACID, LIQUID	LASC	EMPTY
	**sample							
82	990205-UPMAC-082	3D	DM 30	PRO-ACID	UPMAC-0203	WASTE NITRIC ACID, LIQUID	LASC	EMPTY
	**sample							

**** continued ****

Date: 02/25/00

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DRUM TRACKING SHEET (OC Worksheet)

UPMAC
 Epa Id: CAD010707222 State Id: HAHQ36053550
 MACDERMID, INC
 5439 SAN FERNANDO RD. WEST
 LOS ANGELES, CA 90039-
 HARRY
 (818) 244-9600

System Manifest: UPMAC-98436480
 Manifest Year : 1999
 State Doc : 98436480
 Router : SUE
 Truck : 209002
 Pickup Date : 02/05/99
 Receive Date : 02/09/99
 SWO : 21484

833 416.50

ITEM	DRUM NUMBER	P/L	TYPE	SIZE	APPROVAL	PROFILE	DOT SHIP NAME	FACILITY	LOCATION
83	990205-UPMAC-083	3F	DF	55	PRO-ACID	UPMAC-0188	WASTE SULFURIC ACID, LIQUID	LASC	EMPTY
	**sample								
94	990205-UPMAC-084	3F	DF	55	PRO-ACID	UPMAC-0188	WASTE SULFURIC ACID, LIQUID	LASC	EMPTY
	**sample								
85	990205-UPMAC-085	3I	DF	55	SKDEN-1829070-3	UPMAC-0185	(SODIUM HYPOPHOSPHITE) Non hazardous wa	SK-DENTON	DW-7F
	**sample								

Date: 02/25/00

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DRUM TRACKING SHEET (by Drum with weights)

UPMAC

Epo Id: CAD010707222 State Id: HAHQ36053550

MACDERMID, INC.

5439 SAN FERNANDO RD. WEST

LOS ANGELES, CA 90039-

HARRY

(819) 244-9600

System Manifest: UPMAC-98436517

Manifest Year : 1999

State Doc : 98436517

Router : SUE

Truck : 218002

Pickup Date : 02/11/99

Receive Date : 02/18/99

SWO : 21484

ITEM	DRUM NUMBER	LINE ITM	TYPE/SIZE	WEIGHT	WUM	VOLUME	WUM	EPA CODES
1	990211-UPMAC-001	1A	DF 55	140.00	P	0.00		551 ,D001
2	990211-UPMAC-002	1B	DM 55	180.00	P	0.00		551 ,NONE
3	990211-UPMAC-003	1C	DF 30	60.00	P	0.00		551 ,D007
4	990211-UPMAC-004	1D	DF 10	8.00	P	0.00		551 ,NONE
5	990211-UPMAC-005	2A	DF 30	50.00	P	0.00		551 ,D001
6	990211-UPMAC-006	2B	DF 55	120.00	P	0.00		551 ,D002
7	990211-UPMAC-007	2C	DF 5	5.00	P	0.00		551 ,D009
8	990211-UPMAC-008	2D	DF 30	50.00	P	0.00		331 ,NONE
9	990211-UPMAC-009	2E	DF 5	16.66	P	2.00	GAL	133 ,NONE
10	990211-UPMAC-010	3F	DM 55	416.50	P	50.00	GAL	141 ,NONE
11	990211-UPMAC-011	2G	DF 5	40.00	P	4.79		331 ,NONE
12	990211-UPMAC-012	2H	DF 5	40.00	P	0.00		792 ,D002
13	990211-UPMAC-013	2I	DF 85	40.00	P	4.79		141 ,D007
14	990211-UPMAC-014	3A	DF 5	40.00	P	0.00		331 ,NONE
15	990211-UPMAC-015	3C	DF 5	41.67	P	0.00		331 ,NONE
16	990211-UPMAC-016	3C	DF 5	41.67	P	0.00		331 ,NONE
17	990211-UPMAC-017	3C	DF 5	41.67	P	0.00		331 ,NONE
18	990211-UPMAC-018	3C	DF 5	41.67	P	0.00		331 ,NONE
19	990211-UPMAC-019	3C	DF 5	41.67	P	0.00		331 ,NONE
20	990211-UPMAC-020	3C	DF 5	41.67	P	0.00		331 ,NONE
21	990211-UPMAC-021	3D	DF 5	40.00	P	0.00		141 ,NONE
22	990211-UPMAC-022	3D	DF 5	40.00	P	0.00		141 ,NONE
23	990211-UPMAC-023	3D	DF 5	40.00	P	0.00		141 ,NONE
24	990211-UPMAC-024	3D	DF 5	40.00	P	0.00		141 ,NONE
25	990211-UPMAC-025	3E	DF 5	20.00	P	0.00		791 ,D002
26	990211-UPMAC-026	3F	DF 5	40.00	P	0.00		331 ,F003
27	990211-UPMAC-027	3G	DF 5	40.00	P	4.79		791 ,D002
28	990211-UPMAC-028	3G	DF 5	40.00	P	0.00		791 ,D002
29	990211-UPMAC-029	3G	DF 5	40.00	P	4.79		791 ,D002
30	990211-UPMAC-030	3G	DF 5	40.00	P	4.79		791 ,D002
31	990211-UPMAC-031	3H	DF 55	527.00	P	50.00	GAL	141 ,D002
32	990211-UPMAC-032	3H	DF 55	527.00	P	50.00	GAL	141 ,D002
33	990211-UPMAC-033	3I	DF 5	40.00	P	0.00		791 ,D002
34	990211-UPMAC-034	4A	DF 55	201.00	P	0.00		331 ,D001
35	990211-UPMAC-035	4B	DM 55	200.00	P	0.00		331 ,NONE
36	990211-UPMAC-036	3B	DF 5	40.00	P	4.79		331

TOTALS

36 Containers

3371.18

180.74

Date: 02/25/00

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DRUM TRACKING SHEET (QC Worksheet)

UPMAC
 Epa Id: CAD010707222 State Id: HAHQ36053550
 MACDERMID, INC.
 5439 SAN FERNANDO RD. WEST
 LOS ANGELES, CA 90039-
 HARRY
 (818) 244-9600

System Manifest: UPMAC-98436517
 Manifest Year : 1999
 State Doc : 98436517
 Router : 8UE
 Truck : 218002
 Pickup Date : 02/11/99
 Receive Date : 02/18/99
 SWO : 21484

ITEM	DRUM NUMBER	P/L	TY	SIZE	APPROVAL	PROFILE	DOT SHIP NAME	FACILITY	LOCATION
1	990211-UPMAC-001	1A	DF	55	LP-OXEN	UPMAC-LP-UP	Waste oxidizing liquid, corrosive, n.o.s.	APT-A	DW-1C
2	990211-UPMAC-002	1B	DM	55	LP-PL-BULK	UPMAC-LP-UP	Toxic liquid, inorganic, n.o.s.	APT-A	DW-4F
3	990211-UPMAC-003	1C	DF	30	LP-PS	UPMAC-LP-UP	Waste toxic solid, inorganic, n.o.s.	APT-A	DW-4D
4	990211-UPMAC-004	1D	DF	10	LP-CYNS	UPMAC-LP-UP	Cyanides, inorganic, solid, n.o.s.	APT-A	DW-4G
5	990211-UPMAC-005	2A	DF	30	LP-FL-SKO	UPMAC-LP-UP	Waste flammable liquids, n.o.s.	SK-DENTON	DW-12L
6	990211-UPMAC-006	2B	DF	55	LP-BLO-BULK	UPMAC-LP-UP	Waste corrosive liquid, basic, inorgan	APT-A	DW-8A
7	990211-UPMAC-007	2C	DF	5	LP-HGS	UPMAC-LP-UP	Waste mercury compounds, solid, n.o.s.	MSW INC	DP-7A
8	990211-UPMAC-008	2D	DF	30	ECDC97-1999	UPMAC-LP-UP	Non rcra hazardous waste, liquid	ECDC	DW-12O
9	990211-UPMAC-009	2E	DF	5	B18479-BTC-1198	UPMAC-0090	(WASTEWATER) Non rcra hazardous waste,	LOKERN	DW-9B
10	990211-UPMAC-010	2F	DM	55	B18479-BTC-1198	UPMAC-0137	(GLYCERIN SOLUTION) Non hazardous wast	LOKERN	DP-1-2F
	**sample								
11	990211-UPMAC-011	2G	DF	5	AP-401310-D	UPMAC-0191	(CITRIC ACID SOLUTION) Non rcra hazard	APT-A	EMPTY
	**sample								
12	990211-UPMAC-012	2H	DF	5	SJ99-0536	UPMAC-0097	Waste Corrosive liquids, n.o.s.	LES SJ	DW-9C
	**sample								
13	990211-UPMAC-013	2I	DF	85	PRO-RCRA WATER	UPMAC-0215	Hazardous waste, liquid, n.o.s.	LASC	EMPTY
	**sample								
14	990211-UPMAC-014	3A	DF	5	B18479-BTC-1198	UPMAC-0218	(DIMETHYLAMINEBORANE SOLUTION) Non rcra	LOKERN	DW-9C
	**sample								
15	990211-UPMAC-015	3C	DF	5	B18479-BTC-1198	UPMAC-0224	(SURFACTANT) Non rcra hazardous waste,	LOKERN	DW-9A
	**sample								
16	990211-UPMAC-016	3C	DF	5	B18479-BTC-1198	UPMAC-0224	(SURFACTANT) Non rcra hazardous waste,	LOKERN	DW-7E
	**sample								
17	990211-UPMAC-017	3C	DF	5	B18479-BTC-1198	UPMAC-0224	(SURFACTANT) Non rcra hazardous waste,	LOKERN	DW-9F
	**sample								
18	990211-UPMAC-018	3C	DF	5	B18479-BTC-1198	UPMAC-0224	(SURFACTANT) Non rcra hazardous waste,	LOKERN	DW-7G
	**sample								
19	990211-UPMAC-019	3C	DF	5	B18479-BTC-1198	UPMAC-0224	(SURFACTANT) Non rcra hazardous waste,	LOKERN	DW-9A
	**sample								
20	990211-UPMAC-020	3C	DF	5	B18479-BTC-1198	UPMAC-0224	(SURFACTANT) Non rcra hazardous waste,	LOKERN	DW-9A
	**sample								
21	990211-UPMAC-021	3D	DF	5	B18479-BTC-1198	UPMAC-0223	(DETERGENT) Non rcra hazardous waste,	LOKERN	DW-7G
	**sample								
22	990211-UPMAC-022	3D	DF	5	B18479-BTC-1198	UPMAC-0223	(DETERGENT) Non rcra hazardous waste,	LOKERN	DW-9E
	**sample								
23	990211-UPMAC-023	3D	DF	5	B18479-BTC-1198	UPMAC-0223	(DETERGENT) Non rcra hazardous waste,	LOKERN	DW-7E
	**sample								
24	990211-UPMAC-024	3D	DF	5	B18479-BTC-1198	UPMAC-0223	(DETERGENT) Non rcra hazardous waste,	LOKERN	DW-7E
	**sample								

**** continued ****

Date: 02/25/00

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DRUM TRACKING SHEET (QC Worksheet)

UPMAC

Epa Id: CAD010707222 State Id: HAHQ36053550

MACDERMID, INC.

5439 SAN FERNANDO RD. WEST

LOS ANGELES, CA 90039.

HARRY

(818) 244-9600

System Manifest: UPMAC-98436517

Manifest Year : 1999

State Doc : 98436517

Router : SUE

Truck : 218002

Pickup Date : 02/11/99

Receive Date : 02/18/99

SWO : 21484

ITEM	DRUM NUMBER	P/I	TYP	SIZ	APPROVAL	PROFILE	DOT SHIP NAME	FACILITY	LOCATION
25	990211-UPMAC-025	3E	DF	5	PRO-ACID	UPMAC-0222	WASTE HYDROCHLORIC ACID, SOLUTION, LIQ	LASC	EMPTY
26	990211-UPMAC-026	3F	DF	5	AP-151312-D	UPMAC-0216	Hazardous waste, liquid, n.o.s.	API-A	DW-12J
	**sample								
27	990211-UPMAC-027	3G	DF	5	PRO-ACID	UPMAC-0221	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
28	990211-UPMAC-028	3G	DF	5	PRO-ACID	UPMAC-0221	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
29	990211-UPMAC-029	3G	DF	5	PRO-ACID	UPMAC-0221	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
30	990211-UPMAC-030	3G	DF	5	PRO-ACID	UPMAC-0221	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
31	990211-UPMAC-031	3H	DF	55	SJ99-0538	UPMAC-0225	(SALT SOLUTION) Non rcra hazardous was	LES SJ	DP-1-2A
	**sample								
32	990211-UPMAC-032	3H	DF	55	SJ99-0538	UPMAC-0225	(SALT SOLUTION) Non rcra hazardous was	LES SJ	DP-1-2A
	**sample								
33	990211-UPMAC-033	3I	DF	5	SJ99-0536	UPMAC-0226	Waste corrosive liquid, acidic, organu	LES SJ	DW-9C
	**sample								
34	990211-UPMAC-034	4A	DF	55	SKDEN-1823039-2	UPMAC-0220	(ISOPROPYL ALCOHOL, WATER) Non rcra ha	SK-DENTON	DP-1-3G
	**sample								
35	990211-UPMAC-035	4B	DM	55	ECDC97-1999	UPMAC-LP-UP	Non rcra hazardous waste, liquid	ECDC	DW-12K
36	990211-UPMAC-036	3B	DF	5	B18479-BTC-1198	UPMAC-0217	Non rcra hazardous waste, liquid	LOKERN	EMPTY
	**sample								



RPestano@Safety-Kleen.com on 02/29/2000 02:27:20 PM

To: Greg Strong/MacDermid/MACDERMID/US@MACDERMID

cc:

Subject: TSDF Addresses

5
1. SK-Denton/Fuel Blending
1722 Cooper Road, Denton, TX 76201
(940) 383-2611
TXD077603371

12
2. LASC (SK-Los Angeles, Inc.)/Transfer Station and Treatment facility
5756 Alba street,
Los Angeles, CA 90058
(323) 277-2500
CAD050806850

8
3. APT-A (SK-Aragonite)/Incinerator
11600 North Aptus Road,
Aragonite, UT 84029
(801) 323-8100
UTD981552177

2
4. Lokern(SK-Buttonwillow)/landfill and stabilization
2500 Lokern Road,
Buttonwillow, CA 93206
(661) 762-6200
CAD980675276

5
5. LES-SJ (SK-San Jose)/transfer and treatment
1021 Berryessa Road,
San Jose, CA 95133
(408) 451-5000
CAD059494310

2
6. MWS (Mercury Waste Solutions)/mercury retort or recovery
21211 Durand Avenue,
Union Grove, WI 53182
(414) 878-2599
WIR000000356

7. ECDC/landfill
1111 West Highway 123,
East Carbon, UT 84520
(801) 888-4418
UTC093012201

Corporate Transporter: Safety-Kleen
1301 Gervais street, suite 300,
Columbia, SC 29201

(801)933-4313
SCR000074591

If you have any other questions, let me know.

LA → SAFETY-KLEEN

GH retires 4/30

Idm (800) 444-4244

Clamp X 1165

X 9908

	#		lbs.
flam. liquid	212	SKD ✓	30
corr. liq. acid inorg.	214	LASC ✓	2056 + 4165 = 6221 + 160 = 6381
"	211	" ✓	15 + 13,328 + 208.25 = 13552
"	199	" ✓	110
"	183	" ✓	495 + 8330 = 8825
H ₂ SO ₄	188	" ✓	1485 + 833 = 2318
ox. solid corr.	209	" ✓	495
H ₂ O ₂	208	APT-A ✓	160
ox. liq.	113	" ✓	640
ox. liq. corr.	204	LASC ✓	416.50
comb. liq.	202	SKD ✓	1249.5
corr. solid ac, in	213	LOVERN ✓	600
ox. liq. corr.	204	LASC ✓	416.50
comb. liq.	202	SKD ✓	1249.5
corr. solid ac, in	213	LOVERN ✓	600
corr. liq.	104	LES ST ✓	501 + 40 = 541
ethanolamine liq.	200	" ✓	406 + 406 = 812
HCl	206	LASC ✓	406 + 416.5 = 822.5 + 20 = 842.5
HNO ₃	203	LASC ✓	500

WASTElbs.

LP ox. liq corr. APT-A ✓ 140
LP tox. liq. inorganic " ^{no!} ✓ 180
LP tox. solid inorg. " ✓ 60
LP cyanide inorg. solid " ^{no!} 8
LP flamm. liq. inorg. SUD ✓ 50
LP corr. liq. basic inorg. APT-A ✓ 120
LP mercury solid MWS ✓ 5

~~Waste~~

waste liquid

LASC ✓

~~no~~

40 + 40 = (80)

~~Waste~~~~no~~~~no~~~~Waste~~~~Waste~~~~no~~~~Waste~~~~Waste~~~~no~~~~Waste~~

226

corr. liq. acetic organic ✓ 40

LES ST



Safety-Kleen (Los Angeles), Inc.

Los Angeles Accumulation Center (TSDF)

5756 Alba Street, Los Angeles, California 90058

EPA ID # CAD 050 806 850

Telephone: (323) 277-2527

Fax Number: (323) 277-2523

rp@safety-kleen.com

Fax

To: *GREG STRONG*

From: REGGIE B. PESTANO

Fax: *(203) 575-5916*

Pages: *14* (including cover sheet)

Phone:

Date:

Re: *WASTES SHIPPED TO LASC IN*

CC:

1999

☐ Urgent

☒ For Review

☐ Please Comment

☐ Please Reply

☐ Please Recycle

• Comments:

Date: 02/25/00

Page: 1

DRUM TRACKING SHEET (by Drum with weights)

UPMAC

Epa Id: CAD010707222 State Id: HAHQ36053550
MACDERMID, INC.

5439 SAN FERNANDO RD. WEST

LOS ANGELES, CA 90039-

HARRY

(818) 244-9600

System Manifest: UPMAc-95785375

Manifest Year : 1999

State Doc : 93785375

Router : SUE

Truck : 210001

Pickup Date : 02/05/99

Receive Date : 02/10/99

SWO : 21484

ITEM	DRUM NUMBER	LINE ITEM	TYPE/SIZE	WEIGHT	WUM	VOLUME	VUM	EPA CODES
1	990205-UPMAC-086	1A	DF 5	30.00 P		5.00 GAL		331 ,D001
2	990205-UPMAC-087	1B	DF 55	514.00 P		50.00 GAL		791 ,D002
3	990205-UPMAC-088	1B	DF 55	514.00 P		50.00 GAL		791 ,D002
4	990205-UPMAC-089	1B	DF 55	514.00 P		50.00 GAL		791 ,D002
5	990205-UPMAC-090	1B	DF 55	514.00 P		50.00 GAL		791 ,D002
6	990205-UPMAC-091	1C	DF 5	91.00 P		5.00 GAL		791 ,D002
7	990205-UPMAC-092	1C	DF 5	91.00 P		5.00 GAL		791 ,D002
8	990205-UPMAC-093	1C	DF 5	91.00 P		5.00 GAL		791 ,D002
9	990205-UPMAC-094	1D	DM 55	620.00 P		50.00 GAL		792 ,D002,D006
10	990205-UPMAC-095	1D	DM 55	620.00 P		50.00 GAL		792 ,D002,D006
11	990205-UPMAC-096	2A	DF 55	495.00 P		50.00 GAL		791 ,D002
12	990205-UPMAC-097	2B	DF 55	495.00 P		50.00 GAL		791 ,D002
13	990205-UPMAC-098	2B	DF 55	495.00 P		50.00 GAL		791 ,D002
14	990205-UPMAC-099	2B	DF 55	495.00 P		50.00 GAL		791 ,D002
15	990205-UPMAC-100	2C	DF 10	495.00 P		0.00		181 ,D001,D002
16	990205-UPMAC-101	2D	DF 55	160.00 P		50.00 GAL		791 ,D001,D002
17	990205-UPMAC-102	2E	DF 5	160.00 P		5.00 GAL		133 ,D001
18	990205-UPMAC-103	2E	DF 5	160.00 P		5.00 GAL		133 ,D001
19	990205-UPMAC-104	2E	DF 5	160.00 P		5.00 GAL		133 ,D001
20	990205-UPMAC-105	2E	DF 5	160.00 P		5.00 GAL		133 ,D001
31	990205-UPMAC-106	2F	DF 10	160.00 P		0.00		181 ,NONE
22	990205-UPMAC-107	2G	DF 55	160.00 P		50.00 GAL		141 ,NONE

TOTALS

22 Containers

7194.00

640.00

Date 02/25/00

Page: 1

DRUM TRACKING SHEET (by Drum with weights)

UPMAC

Epa Id. CAD010707222 State Id. HAH036053550

MACDERMID, INC

5439 SAN FERNANDO RD. WEST

LOS ANGELES, CA 90039-

HARRY

(818) 244-9600

System Manifest: UPMAC-98436480

Manifest Year : 1999

State Doc : 98436480

Router : SUE

Truck : 209002

Pickup Date : 02/05/99

Receive Date : 02/09/99

GWO : 21484

ITEM	DRUM NUMBER	LINE	ITEM	TYPE/SIZE	WEIGHT	WUM	VOLUME	VUM	EPA CODES
1	990205-UPMAC-001	1C	DF	55	416.50	P	50.00	GAL	792 ,D002
2	990205-UPMAC-002	2A	DF	55	416.50	P	50.00	GAL	131 ,D001,D002,NONE
3	990205-UPMAC-003	2A	DF	55	416.50	P	50.00	GAL	331 ,NONE
4	990205-UPMAC-004	2A	DF	55	416.60	P	50.00	GAL	331 ,NONE
5	990205-UPMAC-005	2B	DF	55	150.00	P	0.00		181 ,NONE
6	990205-UPMAC-006	2B	DF	55	150.00	P	0.00		181 ,NONE
7	990205-UPMAC-007	2B	DF	55	150.00	P	0.00		181 ,NONE
8	990205-UPMAC-008	2B	DF	55	150.00	P	0.00		181 ,NONE
9	990205-UPMAC-009	2C	DF	55	416.50	P	50.00	GAL	791 ,D002
10	990205-UPMAC-010	2C	DF	55	416.50	P	50.00	GAL	791 ,D002
11	990205-UPMAC-011	2C	DF	55	416.50	P	50.00	GAL	791 ,D002
12	990205-UPMAC-012	2C	DF	55	416.50	P	50.00	GAL	791 ,D002
13	990205-UPMAC-013	2C	DF	55	416.50	P	50.00	GAL	791 ,D002
14	990205-UPMAC-014	2C	DF	55	416.50	P	50.00	GAL	791 ,D002
15	990205-UPMAC-015	2C	DF	55	416.50	P	50.00	GAL	791 ,D002
16	990205-UPMAC-016	2C	DF	55	416.50	P	50.00	GAL	791 ,D002
17	990205-UPMAC-017	2C	DF	55	416.50	P	50.00	GAL	791 ,D002
18	990205-UPMAC-018	2C	DF	55	416.50	P	50.00	GAL	791 ,D002
19	990205-UPMAC-019	2C	DF	55	416.50	P	50.00	GAL	791 ,D002
20	990205-UPMAC-020	2C	DF	55	416.50	P	50.00	GAL	791 ,D002
21	990205-UPMAC-021	2C	DF	55	416.50	P	50.00	GAL	791 ,D002
22	990205-UPMAC-022	2C	DF	55	416.50	P	50.00	GAL	791 ,D002
23	990205-UPMAC-023	2C	DF	55	416.50	P	50.00	GAL	791 ,D002
24	990205-UPMAC-024	2C	DF	55	416.50	P	50.00	GAL	791 ,D002
25	990205-UPMAC-025	2C	DF	55	416.50	P	50.00	GAL	791 ,D002
26	990205-UPMAC-026	2C	DF	55	416.50	P	50.00	GAL	791 ,D002
27	990205-UPMAC-027	2C	DF	55	416.50	P	50.00	GAL	791 ,D002
28	990205-UPMAC-028	2C	DF	55	416.50	P	50.00	GAL	791 ,D002
29	990205-UPMAC-029	2C	DF	55	416.50	P	50.00	GAL	791 ,D002
30	990205-UPMAC-030	2C	DF	55	416.50	P	50.00	GAL	791 ,D002
31	990205-UPMAC-031	2C	DF	55	416.50	P	50.00	GAL	791 ,D002
32	990205-UPMAC-032	2C	DF	55	416.50	P	50.00	GAL	791 ,D002
33	990205-UPMAC-033	2C	DF	55	416.50	P	50.00	GAL	791 ,D002
34	990205-UPMAC-034	2C	DF	55	416.50	P	50.00	GAL	791 ,D002
35	990205-UPMAC-035	2C	DF	55	416.50	P	50.00	GAL	791 ,D002
36	990205-UPMAC-036	2C	DF	55	416.50	P	50.00	GAL	791 ,D002
37	990205-UPMAC-037	2C	DF	55	416.50	P	50.00	GAL	791 ,D002
38	990205-UPMAC-038	2C	DF	55	416.50	P	50.00	GAL	791 ,D002
39	990205-UPMAC-039	2C	DF	55	416.50	P	50.00	GAL	791 ,D002
40	990205-UPMAC-040	2C	DF	55	416.50	P	50.00	GAL	791 ,D002
41	990205-UPMAC-041	2D	DF	5	41.65	P	5.00	GAL	791 ,D002
42	990205-UPMAC-042	2D	DF	5	41.65	P	5.00	GAL	791 ,D002

43	990205-UPMAC-043	2D	DF	5	41.65 P	5.00 GAL	791 ,D002
44	990205-UPMAC-044	2D	DF	5	41.65 P	5.00 GAL	791 ,D002
45	990205-UPMAC-045	2D	DF	5	41.65 P	5.00 GAL	791 ,D002
46	990205-UPMAC-046	2E	DF	55	416.50 P	50.00 GAL	791 ,D002

**** continued ****

Date: 02/25/00

Page: 2

DRUM TRACKING SHEET (by Drum with weights)

UPMAC

Epa Id: CAD010707222 State Id: HAHQ36053550

MACDERMID, INC.

5439 SAN FERNANDO RD. WEST

LOS ANGELES, CA 90039-

HARRY

(818) 244-9600

System Manifest: UPMAC-98436480

Manifest Year : 1999

State Doc : 98436480

Router : SUE

Truck : 209002

Pickup Date : 02/05/99

Receive Date : 02/09/99

SWO : 21484

ITEM	DRUM NUMBER	LINE	ITM	TYPE/SIZE	WEIGHT	WUM	VOLUME	VUM	EPA CODES
47	990205-UPMAC-047	2E		DF 55	416.50	P	50.00	GAL	791 ,D002
48	990205-UPMAC-048	2E		DF 55	416.50	P	50.00	GAL	791 ,D002
49	990205-UPMAC-049	2E		DF 55	416.50	P	50.00	GAL	791 ,D002
50	990205-UPMAC-050	2E		DF 55	416.50	P	50.00	GAL	791 ,D002
51	990205-UPMAC-051	2E		DF 55	416.50	P	50.00	GAL	791 ,D002
52	990205-UPMAC-052	2E		DF 55	416.50	P	50.00	GAL	791 ,D002
53	990205-UPMAC-053	2E		DF 55	416.50	P	50.00	GAL	791 ,D002
54	990205-UPMAC-054	2E		DF 55	416.50	P	50.00	GAL	791 ,D002
55	990205-UPMAC-055	2E		DF 55	416.50	P	50.00	GAL	791 ,D002
56	990205-UPMAC-056	2F		DF 55	416.50	P	50.00	GAL	791 ,D002
57	990205-UPMAC-057	2F		DF 55	416.50	P	50.00	GAL	791 ,D002
58	990205-UPMAC-058	2F		DF 55	416.50	P	50.00	GAL	791 ,D002
59	990205-UPMAC-059	2F		DF 55	416.50	P	50.00	GAL	791 ,D002
60	990205-UPMAC-060	2F		DF 55	416.50	P	50.00	GAL	791 ,D002
61	990205-UPMAC-061	2F		DF 55	416.50	P	50.00	GAL	791 ,D002
62	990205-UPMAC-062	2F		DF 55	416.50	P	50.00	GAL	791 ,D002
63	990205-UPMAC-063	2F		DF 55	416.50	P	50.00	GAL	791 ,D002
64	990205-UPMAC-064	2F		DF 55	416.50	P	50.00	GAL	791 ,D002
65	990205-UPMAC-065	2F		DF 55	416.50	P	50.00	GAL	791 ,D002
66	990205-UPMAC-066	2F		DF 55	416.50	P	50.00	GAL	791 ,D002
67	990205-UPMAC-067	2F		DF 55	416.50	P	50.00	GAL	791 ,D002
68	990205-UPMAC-068	2F		DF 55	416.50	P	50.00	GAL	791 ,D002
69	990205-UPMAC-069	2F		DF 55	416.50	P	50.00	GAL	791 ,D002
70	990205-UPMAC-070	2F		DF 55	416.50	P	50.00	GAL	791 ,D002
71	990205-UPMAC-071	2F		DF 55	416.50	P	50.00	GAL	791 ,D002
72	990205-UPMAC-072	2F		DF 55	416.50	P	50.00	GAL	791 ,D002
73	990205-UPMAC-073	2F		DF 55	416.50	P	50.00	GAL	791 ,D002
74	990205-UPMAC-074	2F		DF 55	416.50	P	50.00	GAL	791 ,D002
75	990205-UPMAC-075	2F		DF 55	416.50	P	50.00	GAL	791 ,D002
76	990205-UPMAC-076	2G		DM 55	501.00	P	50.00	GAL	791 ,D002
77	990205-UPMAC-077	2H		DF 55	406.00	P	50.00	GAL	122 ,D001,D002
78	990205-UPMAC-078	2I		DF 55	406.00	P	50.00	GAL	122 ,D001,D002
79	990205-UPMAC-079	3B		DF 55	406.00	P	50.00	GAL	791 ,D002
80	990205-UPMAC-080	3C		DF 55	416.50	P	50.00	GAL	791 ,D002
81	990205-UPMAC-081	3D		DM 30	249.90	P	30.00	GAL	791 ,D002
82	990205-UPMAC-082	3D		DM 30	249.90	P	30.00	GAL	791 ,D002
83	990205-UPMAC-083	3F		DF 55	416.50	P	50.00	GAL	791 ,D002
84	990205-UPMAC-084	3F		DF 55	416.50	P	50.00	GAL	791 ,D002
85	990205-UPMAC-085	3I		DF 55	416.50	P	50.00	GAL	331 ,D001

TOTALS

85 Containers

32182.15

3785.00

Date: 02/25/00

Page: 1

DRUM TRACKING SHEET (by Drum with weights)

UPMAC

Epa Id: CAD010707227 State Id: MAHQ36053550

MACDERMID, INC.

5439 SAN FERNANDO RD. WEST

LOS ANGELES, CA 90039-

HARRY

(818) 244-9600

System Manifest: UPMAC-98436517

Manifest Year : 1999

State Doc : 98436517

Router SUE

Truck : 218002

Pickup Date : 02/11/99

Receive Date : 02/18/99

SWO : 21484

ITEM	DRUM NUMBER	LINE ITM	TYPE/SIZE	WEIGHT	WUM	VOLUME	VUM	EPA CODES
1	990211-UPMAC-001	1A	DF 55	140.00	P	0.00		551, D001
2	990211-UPMAC-002	1B	DM 55	180.00	P	0.00		551, NONE
3	990211-UPMAC-003	1C	DF 30	60.00	P	0.00		551, D007
4	990211-UPMAC-004	1D	DF 10	8.00	P	0.00		551, NONE
5	990211-UPMAC-005	2A	DF 30	50.00	P	0.00		551, D001
6	990211-UPMAC-006	2B	DF 55	120.00	P	0.00		551, D002
7	990211-UPMAC-007	2C	DF 5	5.00	P	0.00		551, D009
8	990211-UPMAC-008	2D	DF 30	50.00	P	0.00		331, NONE
9	990211-UPMAC-009	2E	DF 5	16.66	P	2.00	GAL	133, NONE
10	990211-UPMAC-010	2F	DM 55	416.50	P	50.00	GAL	141, NONE
11	990211-UPMAC-011	2G	DF 5	40.00	P	4.79		331, NONE
12	990211-UPMAC-012	2H	DF 5	40.00	P	0.00		792, D002
13	990211-UPMAC-013	2I	DF 85	40.00	P	4.79		141, D007
14	990211-UPMAC-014	3A	DF 5	40.00	P	0.00		331, NONE
15	990211-UPMAC-015	3C	DF 5	41.67	P	0.00		331, NONE
16	990211-UPMAC-016	3C	DF 5	41.67	P	0.00		331, NONE
17	990211-UPMAC-017	3C	DF 5	41.67	P	0.00		331, NONE
18	990211-UPMAC-018	3C	DF 5	41.67	P	0.00		331, NONE
19	990211-UPMAC-019	3C	DF 5	41.67	P	0.00		331, NONE
20	990211-UPMAC-020	3C	DF 5	41.67	P	0.00		331, NONE
21	990211-UPMAC-021	3D	DF 5	40.00	P	0.00		141, NONE
22	990211-UPMAC-022	3D	DF 5	40.00	P	0.00		141, NONE
23	990211-UPMAC-023	3D	DF 5	40.00	P	0.00		141, NONE
24	990211-UPMAC-024	3D	DF 5	40.00	P	0.00		141, NONE
25	990211-UPMAC-025	3E	DF 5	20.00	P	0.00		791, D002
26	990211-UPMAC-026	3F	DF 5	40.00	P	0.00		331, F003
27	990211-UPMAC-027	3G	DF 5	40.00	P	4.79		791, D002
28	990211-UPMAC-028	3G	DF 5	40.00	P	0.00		791, D002
29	990211-UPMAC-029	3G	DF 5	40.00	P	4.79		791, D002
30	990211-UPMAC-030	3G	DF 5	40.00	P	4.79		791, D002
31	990211-UPMAC-031	3H	DF 55	527.00	P	50.00	GAL	141, D002
32	990211-UPMAC-032	3H	DF 55	527.00	P	50.00	GAL	141, D002
33	990211-UPMAC-033	3I	DF 5	40.00	P	0.00		791, D002
34	990211-UPMAC-034	4A	DF 55	201.00	P	0.00		331, D001
35	990211-UPMAC-035	4B	DM 55	200.00	P	0.00		331, NONE
36	990211-UPMAC-036	3B	DF 5	40.00	P	4.79		331

TOTALS

36 Containers

3371.16

180.74

Date: 02/25/00

Page: 1

DRUM TRACKING SHEET (OC Worksheet)

UPMAC

Epa Id: CAD010707222 State Id: HAHQ36053550
MACDERMID, INC.

5439 SAN FERNANDO RD. WEST

LOS ANGELES, CA 90039-

HARRY

(818) 244-9600

System Manifest: UPMAC-95785375

Manifest Year : 1999

State Doc : 95785375

Router : SUE

Truck : 210001

Pickup Date : 02/05/99

Receive Date : 02/10/99

SWO : 21484

ITEM	DRUM NUMBER	S/L	TYPE	APPROVAL	PROFILE	DOT SHIP NAME	FACILITY	LOCATION
1	990205-UPMAC-086	1A	DF 5	SKDEN-1829070-3	UPMAC-0212	Waste flammable liquids, n.o.s.	SK-DENTON	DW-11N
	**sample							
2	990205-UPMAC-087	1B	DF 55	PRO-ACID	UPMAC-0214	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
3	990205-UPMAC-088	1B	DF 55	PRO-ACID	UPMAC-0214	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
4	990205-UPMAC-089	1B	DF 55	PRO-ACID	UPMAC-0214	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
5	990205-UPMAC-090	1B	DF 55	PRO-ACID	UPMAC-0214	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
6	990205-UPMAC-091	1C	DF 5	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
7	990205-UPMAC-092	1C	DF 5	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
8	990205-UPMAC-093	1C	DF 5	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
9	990205-UPMAC-094	1D	DM 55	PRO-ACID	UPMAC-0199	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
10	990205-UPMAC-095	1D	DM 55	PRO-ACID	UPMAC-0199	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
11	990205-UPMAC-096	2A	DF 85	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
12	990205-UPMAC-097	2B	DF 55	PRO-ACID	UPMAC-0188	WASTE SULFURIC ACID, LIQUID	LASC	EMPTY
	**sample							
13	990205-UPMAC-098	2B	DF 55	PRO-ACID	UPMAC-0188	WASTE SULFURIC ACID, LIQUID	LASC	EMPTY
	**sample							
14	990205-UPMAC-099	2B	DF 55	PRO-ACID	UPMAC-0188	WASTE SULFURIC ACID, LIQUID	LASC	EMPTY
	**sample							
15	990205-UPMAC-100	2C	DF 10	PRO-OXIDIZER	UPMAC-0209	Waste oxidizing solid, corrosive, n.o	LASC	DW-1D
16	990205-UPMAC-101	2D	DF 10	LP-OXLN	UPMAC-0208	WASTE HYDROGEN PEROXIDE, AQUEOUS SOLUT	APT-A	DW-1D
17	990205-UPMAC-102	2E	DF 5	LP-OXLN	UPMAC-0113	Waste Oxidizing liquid, n.o.s.	APT-A	DW-5B
18	990205-UPMAC-103	2E	DF 5	LP-OXLN	UPMAC-0113	Waste Oxidizing liquid, n.o.s.	APT-A	DW-5B
19	990205-UPMAC-104	2E	DF 5	LP-OXLN	UPMAC-0113	Waste Oxidizing liquid, n.o.s.	APT-A	DW-5B
20	990205-UPMAC-105	2E	DF 5	LP-OXLN	UPMAC-0113	Waste Oxidizing liquid, n.o.s.	APT-A	DW-5B
21	990205-UPMAC-106	2F	DF 10	B17265-BDC-0398	UPMAC-0127	Non rcra hazardous waste, solid	LOKERN	
	**sample							
22	990205-UPMAC-107	2G	DF 55	B18479-BTC-1198	UPMAC-0072	(NICKEL SULFAMATE) Non rcra hazardous	LOKERN	DW-7G
	**sample							

Date: 02/25/00

Page 1

DRUM TRACKING SHEET (QC Worksheet)

UPMAC

Epa Id: CAD010707232 State Id: HAHQ36053550

MACDERMID, INC

5439 SAN FERNANDO RD. WEST

LOS ANGELES, CA 90039-

HARRY

(818) 244-9600

System Manifest: UPMAC-98436480

Manifest Year : 1999

State Doc : 98436480

Router : SUE

Truck : 209002

Pickup Date : 02/05/99

Receive Date : 02/09/99

GWO : 21484

ITEM	DRUM NUMBER	P/L	TYPE/SIZ	APPROVAL	PROFILE	DOT SHIP NAME	FACILITY	LOCATION
1	990205-UPMAC-001	1C	DF 55	PRO-OXIDIZER	UPMAC-0204	Waste oxidizing liquid, corrosive, n.o	LASC	EMPTY
2	990205-UPMAC-002	2A	DF 55	SKDEN-1829070-3	UPMAC-0202	Combustible liquid, n.o.s.	SK-DENTON	DP-1-1A
	**sample							
3	990205-UPMAC-003	2A	DF 55	SKDEN-1829070-3	UPMAC-0202	Combustible liquid, n.o.s.	SK-DENTON	DP-1-2F
	**sample							
4	990205-UPMAC-004	2A	DF 55	SKDEN-1829070-3	UPMAC-0202	Combustible liquid, n.o.s.	SK-DENTON	DP-1-2A
	**sample							
5	990205-UPMAC-005	2B	DF 55	B19483-BDC-0698	UPMAC-0213	Corrosive solids, acidic, inorganic, n	LOKERN	DW-9G
	**sample							
6	990205-UPMAC-006	2B	DF 55	B19483-BDC-0698	UPMAC-0213	Corrosive solids, acidic, inorganic, n	LOKERN	DW-9G
7	990205-UPMAC-007	2B	DF 55	B19483-BDC-0698	UPMAC-0213	Corrosive solids, acidic, inorganic, n	LOKERN	DW-9E
8	990205-UPMAC-008	2B	DF 55	B19483-BDC-0698	UPMAC-0213	Corrosive solids, acidic, inorganic, n	LOKERN	DW-9E
9	990205-UPMAC-009	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
10	990205-UPMAC-010	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
11	990205-UPMAC-011	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
12	990205-UPMAC-012	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
13	990205-UPMAC-013	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
14	990205-UPMAC-014	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
15	990205-UPMAC-015	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
16	990205-UPMAC-016	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
17	990205-UPMAC-017	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
18	990205-UPMAC-018	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
19	990205-UPMAC-019	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
20	990205-UPMAC-020	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
21	990205-UPMAC-021	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
22	990205-UPMAC-022	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							

*** continued ***

Date. 02/25/00

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DRUM TRACKING SHEET (QC Worksheet)

UPMAC
Epa Id CAD010707222 State Id HAMQ36053550
MACDERMID, INC.
5439 SAN FERNANDO RD. WEST
LOS ANGELES, CA 90039
HARRY
(819) 244-9600

System Manifest UPMAC-98436480
Manifest Year : 1999
State Doc : 98436480
Router : SUE
Truck : 209002
Pickup Date : 02/05/99
Receive Date : 02/09/99
SWO : 21484

13,328

ITEM	DRUM NUMBER	P/L	TYP/SIZ	APPROVAL	PROFILE	DOT SHIP NAME	FACILITY	LOCATION
23	990205-UPMAC-023	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
24	990205-UPMAC-024	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
25	990205-UPMAC-025	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
26	990205-UPMAC-026	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
27	990205-UPMAC-027	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
28	990205-UPMAC-028	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
29	990205-UPMAC-029	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
30	990205-UPMAC-030	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
31	990205-UPMAC-031	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
32	990205-UPMAC-032	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
33	990205-UPMAC-033	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
34	990205-UPMAC-034	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
35	990205-UPMAC-035	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
36	990205-UPMAC-036	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
37	990205-UPMAC-037	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
38	990205-UPMAC-038	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
39	990205-UPMAC-039	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
40	990205-UPMAC-040	2C	DF 55	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
41	990205-UPMAC-041	2C	DF 5	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
42	990205-UPMAC-042	2C	DF 5	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							

*** continued ***

Date: 02/25/00

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DRUM TRACKING SHEET (QC Worksheet)

UPMAC

Epa Id: CAD010707223 State Id: WAKW36053550
MACDERMID, INC.

3439 SAN FERNANDO RD. WEST

LOS ANGELES, CA 90039-

HARRY

(818) 244-9600

System Manifest: UPMAC-98436480

Manifest Year : 1999

State Doc : 98436480

Router : SUE

Truck : 209002

Pickup Date : 02/05/99

Receive Date : 02/09/99

SWO : 21484

ITEM	DRUM NUMBER	P/L	TYP	SIZE	APPROVAL	PROFILE	DOT SHIP NAME	FACILITY	LOCATION
43	990205-UPMAC-043	2D	DF	5	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
44	990205-UPMAC-044	2D	DF	5	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
45	990205-UPMAC-045	2D	DF	5	PRO-ACID	UPMAC-0211	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
46	990205-UPMAC-046	2E	DF	55	PRO-ACID	UPMAC-0214	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
47	990205-UPMAC-047	2E	DF	55	PRO-ACID	UPMAC-0214	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
48	990205-UPMAC-048	2E	DF	55	PRO-ACID	UPMAC-0214	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
49	990205-UPMAC-049	2E	DF	55	PRO-ACID	UPMAC-0214	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
50	990205-UPMAC-050	2E	DF	55	PRO-ACID	UPMAC-0214	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
51	990205-UPMAC-051	2E	DF	55	PRO-ACID	UPMAC-0214	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
52	990205-UPMAC-052	2E	DF	55	PRO-ACID	UPMAC-0214	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
53	990205-UPMAC-053	2E	DF	55	PRO-ACID	UPMAC-0214	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
54	990205-UPMAC-054	2E	DF	55	PRO-ACID	UPMAC-0214	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
55	990205-UPMAC-055	2E	DF	55	PRO-ACID	UPMAC-0214	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
56	990205-UPMAC-056	2F	DF	55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
57	990205-UPMAC-057	2F	DF	55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
58	990205-UPMAC-058	2F	DF	55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
59	990205-UPMAC-059	2F	DF	55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
60	990205-UPMAC-060	2F	DF	55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
61	990205-UPMAC-061	2F	DF	55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
62	990205-UPMAC-062	2F	DF	55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								

**** continued ****

Date: 02/25/00

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DRUM TRACKING SHEET (QC Worksheet)

UPMAC

Epa Id: CAD010707222 State Id: HAHQ36053530
MACDERMID, INC.

5439 SAN FERNANDO RD. WEST

LOS ANGELES, CA 90039-

HARRY

(918) 244-9600

System Manifest: UPMAC-98436180

Manifest Year : 1999

State Doc : 98436480

Router : SUE

Truck : 209002

Pickup Date : 02/05/99

Receive Date : 02/09/99

SWO : 21484

ITEM	DRUM NUMBER	P/L	TYP/SIZ	APPROVAL	PROFILE	DOT SHIP NAME	FACILITY	LOCATION
63	990205-UPMAC-063	2F	DF 55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
64	990205-UPMAC-064	2F	DF 55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
65	990205-UPMAC-065	2F	DF 55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
66	990205-UPMAC-066	2F	DF 55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
67	990205-UPMAC-067	2F	DF 55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
68	990205-UPMAC-068	2F	DF 55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
69	990205-UPMAC-069	2F	DF 55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
70	990205-UPMAC-070	2F	DF 55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
71	990205-UPMAC-071	2F	DF 55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
72	990205-UPMAC-072	2F	DF 55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
73	990205-UPMAC-073	2F	DF 55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
74	990205-UPMAC-074	2F	DF 55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
75	990205-UPMAC-075	2F	DF 55	PRO-ACID	UPMAC-0183	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample							
76	990205-UPMAC-076	2G	DM 55	SJ99-0536	UPMAC-0104	Waste Corrosive liquids, n.o.s.	LES SJ	DW-7H
	**sample							
77	990205-UPMAC-077	2H	DF 55	SJ99-0539	UPMAC-0200	WASTE ETHANOLAMINE SOLUTIONS, LIQUID	LES SJ	DW-8F
	**sample							
78	990205-UPMAC-078	2I	DF 55	SJ99-0539	UPMAC-0205	WASTE ETHANOLAMINE SOLUTIONS, LIQUID	LES SJ	DW-8A
	**sample							
79	990205-UPMAC-079	3B	DF 55	SJ99-0536	UPMAC-0206	WASTE HYDROCHLORIC ACID, SOLUTION, LIQ	LES SJ	DW-7F
	**sample							
80	990205-UPMAC-080	3C	DF 55	PRO-ACID	UPMAC-0207	WASTE HYDROCHLORIC ACID, SOLUTION, LIQ	LASC	EMPTY
	**sample							
81	990205-UPMAC-081	3D	DM 30	PRO-ACID	UPMAC-0203	WASTE NITRIC ACID, LIQUID	LASC	EMPTY
	**sample							
82	990205-UPMAC-082	3D	DM 30	PRO-ACID	UPMAC-0203	WASTE NITRIC ACID, LIQUID	LASC	EMPTY
	**sample							

**** continued ****

Date: 02/25/00

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DRUM TRACKING SHEET (OC Worksheet)

UPMAC

Epa Id: CAD010707232 State Id: HAHQ36053550

MACDERMID, INC.

5439 SAN FERNANDO RD. WEST

LOS ANGELES, CA 90039-

HARRY

(818) 244-9600

System Manifest: UPMAC-98436480

Manifest Year : 1999

State Doc : 98436480

Router : SUE

Truck : 209002

Pickup Date : 02/05/99

Receive Date : 02/09/99

SWO : 21484

833 416.50

ITEM	DRUM NUMBER	P/L	TYF	SIZ	APPROVAL	PROFILE	DOI SHIP NAME	FACILITY	LOCATION
83	990205-UPMAC-083	3F	DF	55	PRO-ACID	UPMAC-0188	WASTE SULFURIC ACID, LIQUID	LASC	EMPTY
	**sample								
84	990205-UPMAC-084	3F	DF	55	PRO-ACID	UPMAC-0188	WASTE SULFURIC ACID, LIQUID	LASC	EMPTY
	**sample								
85	990205-UPMAC-085	3F	DF	55	SKDEN-1829070-3	UPMAC-0185	(SODIUM HYPOPHOSPHITE) Non hazardous wa	SK-DENTON	DW-7F
	**sample								

Date: 02/25/00

Page: 1

DRUM TRACKING SHEET (QC Worksheet)

UPMAC

Epa Id: CAD010707222 State Id: HAHQ36053550

MACDERMID, INC.

5439 SAN FERNANDO RD. WEST

LOS ANGELES, CA 90039-

HARRY

(818) 244-9600

System Manifest: UPMAC-98436517

Manifest Year : 1999

State Doc : 98436517

Router : SUF

Truck : 218002

Pickup Date : 02/11/99

Receive Date : 02/18/99

SMO : 21484

ITEM	DRUM NUMBER	P/L	ITYP	SIZE	APPROVAL	PROFILE	DOT SHIP NAME	FACILITY	LOCATION
1	990211-UPMAC-001	1A	DF	55	LP-OXEN	UPMAC-LP-UP	Waste oxidizing liquid, corrosive, n.o.s.	APT-A	DW-1C
2	990211-UPMAC-002	1B	DM	55	LP-PL-BULK	UPMAC-LP-UP	Toxic liquid, inorganic, n.o.s.	APT-A	DW-4F
3	990211-UPMAC-003	1C	DF	30	LP-PS	UPMAC-LP-UP	Waste toxic solid, inorganic, n.o.s.	APT-A	DW-4D
4	990211-UPMAC-004	1D	DF	10	LP-CYNS	UPMAC-LP-UP	Cyanides, inorganic, solid, n.o.s.	APT-A	DW-4G
5	990211-UPMAC-005	2A	DF	30	LP-FL-SKO	UPMAC-LP-UP	Waste flammable liquids, n.o.s.	SK-DENTON	DW-12L
6	990211-UPMAC-006	2B	DF	55	LP-BLO-BULK	UPMAC-LP-UP	Waste corrosive liquid, basic, inorgan	APT-A	DW-8A
7	990211-UPMAC-007	2C	DF	5	LP-HGS	UPMAC-LP-UP	Waste mercury compounds, solid, n.o.s.	MSW INC	DP-7A
8	990211-UPMAC-008	2D	DF	30	ECDC97-1999	UPMAC-LP-UP	Non rcra hazardous waste, liquid	ECDC	DW-12O
9	990211-UPMAC-009	2E	DF	5	B18479-BTC-1198	UPMAC-0090	(WASTEWATER) Non rcra hazardous waste,	LOKERN	DW-9B
10	990211-UPMAC-010	2F	DM	55	B18479-BTC-1198	UPMAC-0177	(GLYCERIN SOLUTION) Non hazardous wast	LOKERN	DP-1-2F
	**sample								
11	990211-UPMAC-011	2G	DF	5	AP-401310-D	UPMAC-0191	(CITRIC ACID SOLUTION) Non rcra hazard	APT-A	EMPTY
	**sample								
12	990211-UPMAC-012	2H	DF	5	SJ99-0536	UPMAC-0097	Waste Corroaive liquids, n.o.s.	LES SJ	DW-9C
	**sample								
13	990211-UPMAC-013	2I	DF	55	PRO-RCRA WATER	UPMAC-0215	Hazardous waste, liquid, n.o.s.	IASC	EMPTY
	**sample								
14	990211-UPMAC-014	3A	DF	5	B18479-BTC-1198	UPMAC-0218	(DIMETHYLAMINEBORANE SOLUTION) Non rcra	LOKERN	DW-9C
	**sample								
15	990211-UPMAC-015	3C	DF	5	B18479-BTC-1198	UPMAC-0224	(SURFACTANT) Non rcra hazardous waste,	LOKERN	DW-9A
	**sample								
16	990211-UPMAC-016	3C	DF	5	B18479-BTC-1198	UPMAC-0224	(SURFACTANT) Non rcra hazardous waste,	LOKERN	DW-7E
	**sample								
17	990211-UPMAC-017	3C	DF	5	B18479-BTC-1198	UPMAC-0224	(SURFACTANT) Non rcra hazardous waste,	LOKERN	DW-9F
	**sample								
18	990211-UPMAC-018	3C	DF	5	B18479-BTC-1198	UPMAC-0224	(SURFACTANT) Non rcra hazardous waste,	LOKERN	DW-7G
	**sample								
19	990211-UPMAC-019	3C	DF	5	B18479-BTC-1198	UPMAC-0224	(SURFACTANT) Non rcra hazardous waste,	LOKERN	DW-9A
	**sample								
20	990211-UPMAC-020	3C	DF	5	B18479-BTC-1198	UPMAC-0224	(SURFACTANT) Non rcra hazardous waste,	LOKERN	DW-9A
	**sample								
21	990211-UPMAC-021	3D	DF	5	B18479-BTC-1198	UPMAC-0223	(DETERGENT) Non rcra hazardous waste,	LOKERN	DW-7G
	**sample								
22	990211-UPMAC-022	3D	DF	5	B18479-BTC-1198	UPMAC-0223	(DETERGENT) Non rcra hazardous waste,	LOKERN	DW-9E
	**sample								
23	990211-UPMAC-023	3D	DF	5	B18479-BTC-1198	UPMAC-0223	(DETERGENT) Non rcra hazardous waste,	LOKERN	DW-7E
	**sample								
24	990211-UPMAC-024	3D	DF	5	B18479-BTC-1198	UPMAC-0223	(DETERGENT) Non rcra hazardous waste,	LOKERN	DW-7E
	**sample								

*** continued ***

Date: 02/25/00

Page 2

DRUM TRACKING SHEET (QC Worksheet)

UPMAC

Spa Id: CAD010707222 State Id:HAHO36053550

MACDERMID, INC.

5439 SAN FERNANDO RD. WEST

LOS ANGELES, CA 90039.

HARRY

(818) 244-9600

System Manifest: UPMAC-98436517

Manifest Year : 1999

State Doc : 98436517

Router : SUE

Truck : 218002

Pickup Date : 02/11/99

Receive Date : 02/18/99

SWO : 21484

ITEM	DRUM NUMBER	P/L	TYPE	SIZE	APPROVAL	PROFILE	DOT SHIP NAME	FACILITY	LOCATION
25	990211-UPMAC-025 3E	DF	5		PRO-ACID	UPMAC-0222	WASTE HYDROCHLORIC ACID, SOLUTION. LIQ	LASC	EMPTY
26	990211-UPMAC-026 3F	DF	5		AP-151312-D	UPMAC-0218	Hazardous waste, liquid, n.o.s.	APT-A	DW-12J
	**sample								
27	990211-UPMAC-027 3G	DF	5		PRO-ACID	UPMAC-0221	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
28	990211-UPMAC-028 3G	DF	5		PRO-ACID	UPMAC-0221	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
29	990211-UPMAC-029 3G	DF	5		PRO-ACID	UPMAC-0221	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
30	990211-UPMAC-030 3G	DF	5		PRO-ACID	UPMAC-0221	Waste corrosive liquid, acidic, inorga	LASC	EMPTY
	**sample								
31	990211-UPMAC-031 3H	DF	55		SJ99-0538	UPMAC-0225	(SALT SOLUTION) Non rcra hazardous was	LES SJ	DP-1-2A
	**sample								
32	990211-UPMAC-032 3H	DF	55		SJ99-0538	UPMAC-0225	(SALT SOLUTION) Non rcra hazardous was	LES SJ	DP-1-2A
	**sample								
33	990211-UPMAC-033 3I	DF	5		SJ99-0536	UPMAC-0226	Waste corrosive liquid, acidic, organ	LES SJ	DW-9C
	**sample								
34	990211-UPMAC-034 4A	DF	55		SKDEN-1823039-2	UPMAC-0220	(ISOPROPYL ALCOHOL, WATER) Non rcra ha	SK-DENTON	DP-1-3G
	**sample								
35	990211-UPMAC-035 4B	DM	55		ECDC97-1999	UPMAC-LP-UP	Non rcra hazardous waste, liquid	ECDC	DW-12K
36	990211-UPMAC-036 3B	DF	5		B18479-BTC-1198	UPMAC-0217	Non rcra hazardous waste, liquid	LOKERN	EMPTY
	**sample								

2003 Biennial Report
Sunland

PS Form 3800, June 2002 (Reverse)
102595-02-M-1692

Nave CA Biennial
Certified Mail Provides: *2003*

- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

Important Reminders:

- Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail®
- Certified Mail is *not* available for any class of international mail
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a Return Receipt may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the mailpiece and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry.
Internet access to delivery information is not available on mail addressed to APOs and FPOs.

PS Form 3800, June 2002
See Reverse for Instructions

2003 Biennial K/Int 54A (F2811-53)
Street, Apt. No. or PO Box No. *4174 F Box 5 Subt Cont 1*
City, State, ZIP+4® *Box 806 Sacramento CA 95812*

Postage	\$ 1.06
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.11

OFFICIAL USE
For delivery information visit our website at www.usps.com

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only: No Insurance Coverage Provided)

Postmark: FEB 28 2003
Clerk: KSVCHT
ID: 0677919-0779

2002 2410 0001 9998 3720

0212 9446 1000 01+2 2004

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

MacDermid, Inc.
245 Freight Street
Waterbury, CT 06702

Novel CA 2003 Biennial Report



MAIL THE COMPLETED FORM TO: The appropriate EPA Regional or State Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal (see instructions on page 9) MARK ALL BOX(ES) THAT APPLY	A. Reason for Submittal: <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste or used oil activities) <input type="checkbox"/> To provide subsequent notification (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) <input checked="" type="checkbox"/> As a component of Hazardous Waste Report.		
2. Site EPA ID Number (see instructions on page 10)	EPA ID Number: CAD010707222		
3. SiteName (see instructions on page 11)	Site Name: Sunland, Inc./MacDermid, Inc.		
4. Site Location Information (see instructions on page 10)	Street Address: 5439 San Fernando Road West City, Town or Village: Los Angeles State: CA County Name: LOS ANGELES Zip Code: 90039		
5. Site Land Type (see instructions on page 10)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> Distnct <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (see instructions on page 10)	A. 325998		B.
	C.		D.
7. Site Mailing Address (see instructions on page 11)	Street or P.O. Box: 245 Freight St. City, Town or Village: Waterbury State: CT Country: UNITED STATES Zip Code: 06702		
8. Site Contact Person (see instructions on page 11)	First Name: Richard MI: A		Last Name: Nave
	Phone Number: 2035755747 Extension:		Email Address: rnave@macdermid.com
9. Operator and Legal Owner of the Site (see instructions on page 11 and 12)	Name of Site's Operator: MacDermid, Inc.		Date Became Operator (mm/dd/yyyy): 02/01/1962
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	Name of Site's Legal Owner: MacDermid, Inc.		Date Became Owner (mm/dd/yyyy): 02/01/1962
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

9. Legal Owner (Continued) Address	Street or P.O. Box: 245 Freight St.	
	City, Town or Village: Waterbury	
	State: CT	
	Country: UNITED STATES	Zip Code: 06702

10. Type of Regulated Waste Activity (Mark "Yes" or "No" for all activities; complete an additional boxes as instructed)

A. Hazardous Waste Activities
Complete all parts for 1 through 6.

1. Generator of Hazardous Waste
If "Yes", choose only one of the following - a, b or c.

☒ a. LQG: Greater than 1000 kg/mo (2,200 lbs.) of non-acute hazardous waste; or

☐ b. SQG: 100 to 1000 kg/mo (220 - 2,200 lbs.) of non-acute hazardous waste; or

☐ c. CESQG: Less than 100 kg/mo (220 lbs.) of non-acute hazardous waste

In addition, indicate other generator activities.

☐ d. United States Importer of Hazardous Waste

☐ e. Mixed Waste (hazardous and radioactive) Generator

2. Transporter of Hazardous Waste
☐ ☒

3. Treater, Storer or Disposer of Hazardous Waste (at your site)
Note: A hazardous waste permit is required for this activity
☐ ☒

4. Recycler of Hazardous Waste (at your site)
☐ ☒

5. Exempt Boiler and/or Industrial Furnace
☐ a. Small Quantity On-Site Burner Exemption
☐ b. Smelting, Melting, Refining Furnace Exemption

6. Underground Injection Control
☐ ☒

B. Universal Waste Activities

☐ ☒ **1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. If "Yes", mark all boxes that apply:**

	Generated	Accumulated
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

☐ ☒ **2. Destination Facility for Universal Waste**
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities
Mark all boxes that apply.

☐ ☒ **1. Used Oil Transporter**
If "Yes", mark each that applies.
☐ a. Transporter
☐ b. Transfer Facility

☐ ☒ **2. Used Oil Processor and/or Re-refiner**
If "Yes", mark each that applies.
☐ a. Processor
☐ b. Re-refiner

☐ ☒ **3. Off-Specification Used Oil Burner**

☐ ☒ **4. Used Oil Fuel Marketer**
If "Yes", mark each that applies.
☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (see instructions on page 16)

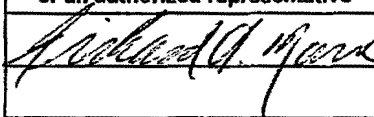
A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	D007	D011			

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if needed for more waste codes.

12. Comments (see instructions on page 17)

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (see instructions on page 17)

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Richard A Nave, Env. Manager	02/27/2004

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Sunland, Inc./MacDermid, Inc.

EPA ID NO: CAD010707222



**FORM
GM**

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions on pages 17 to 25 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Unused corrosive product containing hydrochloric acid		
B. EPA Hazardous Waste Codes D002 NA NA NA NA		C. State Hazardous Waste Codes	
D. Source Code G11 Management Method Code for Source Code G25		E. Form Code NA	F. Quantity Generated in reporting year 45.000000
		H. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method Code	Quantity treated, disposed or recycled on-site	On-site Management Method Code Quantity treated, disposed or recycled on-site

Sec. 3	A. Was any of this waste shipped off-site for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped AZD081705402	C. Off-site Management Method Code Shipped to H141	D. Total quantity shipped (page 26) 45.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Sunland, Inc./MacDermid, Inc.

EPA ID NO: CAD010707222



**FORM
GM**

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions on pages 17 to 25 of the instructions and forms booklet before completing this form.

Sec. 1	A Waste Description Unused flammable product containing butyl alcohol		
B EPA Hazardous Waste Codes D001 NA NA NA NA		C. State Hazardous Waste Codes	
D. Source Code G11 Management Method Code for Source Code G25		E. Form Code	F. Quantity Generated in reporting year 2,733.000000
		H. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method Code Quantity treated, disposed or recycled on-site		On-site Management Method Code Quantity treated, disposed or recycled on-site

Sec. 3	A. Was any of this waste shipped off-site for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped AZD081705402	C. Off-site Management Method Code Shipped to H141	D. Total quantity shipped (page 26) 2,733.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Sunland, Inc./MacDermid, Inc.

EPA ID NO: CAD010707222



FORM
GM

U.S. ENVIRONMENTAL
PROTECTION AGENCY

Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions on pages 17 to 25 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Unused corrosive product containing sulfuric acid and sodium bichromate		
B EPA Hazardous Waste Codes		C State Hazardous Waste Codes	
D002 D007			
NA NA NA			
D Source Code G11		E. Form Code	F Quantity Generated in reporting year 3,644.000000
Management Method Code for Source Code G25			H. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method Code	Quantity treated, disposed or recycled on-site	On-site Management Method Code Quantity treated, disposed or recycled on-site

Sec. 3	A. Was any of this waste shipped off-site for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped AZD081705402	C. Off-site Management Method Code Shipped to H141	D. Total quantity shipped (page 26) 3,644.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Sunland, Inc./MacDermid, Inc.

EPA ID NO: CAD010707222



**FORM
GM**

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions on pages 17 to 25 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Unused corrosive product containing acetic acid			
B. EPA Hazardous Waste Codes		D002 D011		C. State Hazardous Waste Codes
NA NA NA				
D. Source Code G11		E. Form Code	F. Quantity Generated in reporting year 1,520.000000	H. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
Management Method Code for Source Code G25				

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site Management Method Code	Quantity treated, disposed or recycled on-site	On-site Management Method Code	Quantity treated, disposed or recycled on-site	

Sec. 3	A. Was any of this waste shipped off-site for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped AZD081705402	C. Off-site Management Method Code Shipped to H141	D. Total quantity shipped (page 26) 1,520.000000	
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped	
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped	

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Sunland, Inc./MacDermid, Inc.

EPA ID NO: CAD010707222



FORM
GM

U.S. ENVIRONMENTAL
PROTECTION AGENCY

Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions on pages 17 to 25 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Unused corrosive product containing chromic acid and acetic acid		
B. EPA Hazardous Waste Codes D002 D007 NA NA NA		C. State Hazardous Waste Codes	
D. Source Code G11 Management Method Code for Source Code G25		E. Form Code	F. Quantity Generated in reporting year 50.000000
		H. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)		
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method Code Quantity treated, disposed or recycled on-site		On-site Management Method Code Quantity treated, disposed or recycled on-site	

Sec. 3	A. Was any of this waste shipped off-site for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped AZD081705402	C. Off-site Management Method Code Shipped to H141	D. Total quantity shipped (page 26) 50.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Sunland, Inc./MacDermid, Inc.

EPA ID NO: CAD010707222



**FORM
GM**

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions on pages 17 to 25 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Unused corrosive product containing acetic acid and silver		
B. EPA Hazardous Waste Codes D002 D011 NA NA NA		C. State Hazardous Waste Codes	
D. Source Code G11 Management Method Code for Source Code G25		E. Form Code	F. Quantity Generated in reporting year 374.000000
		H UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method Code	Quantity treated, disposed or recycled on-site	On-site Management Method Code Quantity treated, disposed or recycled on-site

Sec. 3	A. Was any of this waste shipped off-site for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped AZD081705402	C. Off-site Management Method Code Shipped to H141	D. Total quantity shipped (page 26) 374.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Sunland, Inc./MacDermid, Inc.

EPA ID NO: CAD010707222



**FORM
GM**

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions on pages 17 to 25 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Unused corrosive product containing ammonium nitrate		
B. EPA Hazardous Waste Codes D001 D002 NA NA NA		C. State Hazardous Waste Codes	
D. Source Code G11 Management Method Code for Source Code G25	E. Form Code	F. Quantity Generated in reporting year 54.000000	H. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method Code	Quantity treated, disposed or recycled on-site	On-site Management Method Code Quantity treated, disposed or recycled on-site

Sec. 3	A. Was any of this waste shipped off-site for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped AZD081705402	C. Off-site Management Method Code Shipped to H141	D. Total quantity shipped (page 26) 54.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped

Comments:

Generator Summary Report

for Sunland, Inc./MacDermid, Inc.

#	Waste Description	Tons Generated	Tons Processed On Site	Tons Shipped Off Site
6	Unused corrosive product containing acetic acid and silver	0.187000	0.000000	0.187000
7	Unused corrosive product containing ammonium nitrate	0.027000	0.000000	0.027000
5	Unused corrosive product containing chromic acid and acetic acid	0.025000	0.000000	0.025000
4	Unused corrosive product containing acetic acid	0.760000	0.000000	0.760000
2	Unused flammable product containing butyl alcohol	1.366500	0.000000	1.366500
3	Unused corrosive product containing sulfuric acid and sodium bichromate	1.822000	0.000000	1.822000
1	Unused corrosive product containing hydrochloric acid	0.022500	0.000000	0.022500
Generator Totals:		4.210000	0.000000	4.210000

MacDermid Incorporated

3621 W. MacArthur Blvd.
Suite 114
Santa Ana, CA 92704

Phone # 714/850-1477

FAX # 714/850-1877

FAX Cover Sheet

To: Rich Alvar Date 2/18/04

Company MacDermid

FAX # (203) 575-5638

of Pages 1 + cover sheet

From: Tom Bean @ MacDermid Inc. / Santa Ana, CA

MSDS's can be obtained through the Internet - <http://www.macindustrialproducts.com>
General information - www.macdermid.com

If I can be of any further assistance please don't hesitate to call @714/850-1477

**NON-HAZARDOUS
WASTE MANIFEST**1. Generator's US EPA ID No
CA D 0 1 0 7 0 7 2 2Manifest
Document No
362282. Page 2
of 2

3. Generator's Name and Mailing Address

HARDENED, INC
243 FREIGHT STREET
WATERBURY, CT 06708

4. Generator's Phone (714 850-1477

5. Transporter 1 Company Name

Heritage Transport LLC

6. US EPA ID Number

IND 058484114

A. Transporter's Phone

562-595-0209

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address

HERITAGE ENVIRONMENTAL SERVICES, LLC
5122 EAST STOREY ROAD
COOLIDGE, AZ 85228

10. US EPA ID Number

A 2 D 0 8 1 7 0 5 4 0 2

C. Facility's Phone

(520) 723-4167

11. Waste Shipping Name and Description

a. NON-DOT/NON-RCRA REGULATED

12. Containers
No. Type13. Total
Quantity14. Unit
Wt/Vol

001CW00020P

b. ~~NON-DOT/NON-RCRA REGULATED~~

c. NON-DOT/NON-RCRA REGULATED

002DF00010G

D. Additional Descriptions for Materials Listed Above

A. 51313-40 1x Carbon
B. 51313-47
C. 51313-48 2x 530A

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information 24 hour Emergency # 1800-485-5011

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

Printed/Typed Name

LIBERTY CARDONA

Signature

Month Day Year

11/21/9103

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Tommy 10317

Signature

Month Day Year

11/21/9103

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11/22/2003

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Ernie Ramirez

Signature

Month Day Year

10/10/04

ORIGINAL-RETURN TO GENERATOR



File Code: 404472

HERITAGE ENVIRONMENTAL SERVICES, LLC

7001 WEST MORRIS STREET INDIANAPOLIS, IN 46211

Customer: 000000 R. M. JONES COMPANY, INC.

TEL: 317-264-0811 http://www.heritage-es.com

Asm Prod HES Doc Common Name	RCRA GenDoc State Manifest	Pg Ln:Ordered:Shipped	Received Qty
AS 103 1259420 PRODUCT # 74161	Y	2 C	10ty Unit:Quantity Unit:in LB
LOT 1 WASTE CORROSIVE LIQUID, ACIDIC, ORGANIC, H.O.S., 9, UN265, PG II, (ACETIC ACID, SILVER		1	1X 55 DF
LOT 2 NITRATE (0002,0011) ERM 153			
0002,0011			
IL Auth#	Tank#	Quota# 340324 Approval#	Gallons# LBS# 374

Asm Prod HES Doc Common Name	RCRA GenDoc State Manifest	Pg Ln:Ordered:Shipped	Received Qty
AS 103 1259421 PRODUCT # 73691	Y	2 D	10ty Unit:Quantity Unit:in LB
LOT 1 WASTE CORROSIVE LIQUID, ACIDIC, ORGANIC, H.O.S., 9, UN265, PG II, (CHROMIC ACID, ACETIC		1	1X 5 DF
LOT 2 AZ101 (0002,0007) ERM 153			
0002,0007			
IL Auth#	Tank#	Quota# 340326 Approval#	Gallons# LBS# 50

Asm Prod HES Doc Common Name	RCRA GenDoc State Manifest	Pg Ln:Ordered:Shipped	Received Qty
AS 103 1259422 PRODUCT # 14061	Y	2 E	10ty Unit:Quantity Unit:in LB
LOT 1 WASTE CORROSIVE LIQUID, ACIDIC, ORGANIC, H.O.S., 9, UN265, PG II, (CHROMIC ACID, ACETIC		1	1X 5 DF
LOT 2 160			
0001,0001			
IL Auth#	Tank#	Quota# 340327 Approval#	Gallons# LBS# 54

Asm Prod HES Doc Common Name	RCRA GenDoc State Manifest	Pg Ln:Ordered:Shipped	Received Qty
AS 103 1259423 PRODUCT # 74161	Y		10ty Unit:Quantity Unit:in 55 GAL DRUM
LOT 1 NON-HOT, NON-FLAM REGULATED			
LOT 2			
IL Auth#	Tank#	Quota# 340328 Approval#	Gallons# LBS#

Asm Prod HES Doc Common Name	RCRA GenDoc State Manifest	Pg Ln:Ordered:Shipped	Received Qty
AS 103 1259424 PRODUCT # 14061	Y		10ty Unit:Quantity Unit:in 55 GAL DRUM
LOT 1 NON-HOT, NON-FLAM REGULATED			
LOT 2			
IL Auth#	Tank#	Quota# 340329 Approval#	Gallons# LBS# 100

Asm Prod HES Doc Common Name	RCRA GenDoc State Manifest	Pg Ln:Shipped Quantity	Received Qty
LOT 1			
LOT 2			
IL Auth#	Tank#	Quota# Approval#	Gallons# LBS#

Asm Prod HES Doc Common Name	RCRA GenDoc State Manifest	Pg Ln:Shipped Quantity	Received Qty
LOT 1			
LOT 2			
IL Auth#	Tank#	Quota# Approval#	Gallons# LBS#

EMERGENCY CHEMICAL ASSISTANCE TELEPHONE NUMBER: 1-800-827-5221

LAST PAGE

MAIL TO GENERATOR



File # 101473

HERITAGE ENVIRONMENTAL SERVICES, LLC
7501 WEST MORTIS STREET INDIANAPOLIS IN 46261
(317) 240-0811 http://www.heritage-enviro.com

Customer: R. W. JONES & COMPANY, INC.

Gen Prod HES Doc Common Name
02 000 1259413 PRODUCT # 74252

RCRA GenLoc State Manifest

Pg Ln:Ordered/Shipped

Received Qty

Qty Unit:Quantity Unit:in 5 GAL DRM

HESN 036227 ID

DOT : CORROSIVE LIQUID, BASIC, INORGANIC, N.O.S., 8, UN3264, PG II, (SODIUM HYDROXIDE) ERG# 154

DM: 3

3X5 DF

132

DOT 1

IL AUTH#

Tank#

Quota: 340314 Approval:

1Gallons:

1LBS:

Gen Prod HES Doc Common Name

02 000 1259414 PRODUCT # 79159

RCRA GenLoc State Manifest

Pg Ln:Ordered/Shipped

Received Qty

Qty Unit:Quantity Unit:in 55 GAL DRM

22837570

DOT : WASTE CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S., 8, UN3264, PG II, (SULFURIC ACID,

100%) COPPER SULFATE) (2002) ERG# 154

DM:

0

DOT 2

IL AUTH#

Tank#

Quota: 340315 Approval:

1Gallons:

1LBS:

Cancelled

Gen Prod HES Doc Common Name

02 000 1259415 PRODUCT # 79159

RCRA GenLoc State Manifest

Pg Ln:Ordered/Shipped

Received Qty

Qty Unit:Quantity Unit:in 55 GAL DRM

DOT : WASTE CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S., 8, UN3264, PG II, (SULFURIC ACID)

(100%) ERG# 154

DM:

0

DOT 2

IL AUTH#

Tank#

Quota: 340316 Approval:

1Gallons:

1LBS:

Cancelled

Gen Prod HES Doc Common Name

02 000 1259416 PRODUCT # 12908

RCRA GenLoc State Manifest

Pg Ln:Ordered/Shipped

Received Qty

Qty Unit:Quantity Unit:in 5 GAL DRM

HESN 036228 1A

DOT : NON-DOT/NON RCRA REGULATED

DOT 1

DM: 1

1X5 CF

51

IL AUTH#

Tank#

Quota: 340317 Approval:

1Gallons:

1LBS:

Gen Prod HES Doc Common Name

02 000 1259417 PRODUCT # 74146

RCRA GenLoc State Manifest

Pg Ln:Ordered/Shipped

Received Qty

Qty Unit:Quantity Unit:in 55 GAL DRM

22837570

DOT : PG, WASTE FLAMMABLE LIQUIDS, N.O.S., 3, UN1993, PG II, (ETHYL ALCOHOL) (2002) ERG# 139

DOT 3

DM: 4

6X55 DM

2733

IL AUTH#

Tank#

Quota: 340320 Approval:

1Gallons:

1LBS:

Gen Prod HES Doc Common Name

02 000 1259418 PRODUCT # 74240

RCRA GenLoc State Manifest

Pg Ln:Ordered/Shipped

Received Qty

Qty Unit:Quantity Unit:in 55 GAL DRM

22837570

DOT : WASTE CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S., 8, UN3264, PG II, (SULFURIC ACID,

100%) SODIUM BICARBONATE) (2002,2007) ERG# 154

DM: 6

6X55 DF

3644

DOT 2,2007

IL AUTH#

Tank#

Quota: 340322 Approval:

1Gallons:

1LBS:

Gen Prod HES Doc Common Name

02 000 1259419 PRODUCT # 74241

RCRA GenLoc State Manifest

Pg Ln:Ordered/Shipped

Received Qty

Qty Unit:Quantity Unit:in LB

22837570

DOT : WASTE CORROSIVE LIQUID, ACIDIC, ORGANIC N.O.S., 8, UN3265, PG II, (ACETIC ACID) (2002,

100%) ERG# 158

DM: 3

3X55 DF

1520

DOT 2,2002

IL AUTH#

Tank#

Quota: 340323 Approval:

1Gallons:

1LBS:

MAIL TO GENERATOR

MAIL TO GENERATOR

Department of Toxic Substances Control



2003 BIENNIAL REPORT

CALIFORNIA

SUPPLEMENTAL INSTRUCTIONS

***PLEASE READ THROUGH THE 2003 CALIFORNIA
SUPPLEMENTAL INSTRUCTIONS BEFORE COMPLETING
THE FORMS.***

***DOWNLOAD SOFTWARE FOR COMPLETING THE 2003
HAZARDOUS WASTE REPORT AT:***

***<http://www.dtsc.ca.gov/HazardousWaste/index.html>
available January 12, 2003***

THIS SUPPLEMENT INCLUDES THE FOLLOWING:

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INTRODUCTION AND GENERAL INFORMATION

1. INTRODUCTION TO THE 2003 BIENNIAL REPORT

Department of Toxic Substances Control (DTSC) has prepared these California Supplemental Instructions to assist generators that are required to submit a 2003 Biennial Report. Additional information such as these Supplemental Instructions, appendices, software and forms can be found on DTSC's website at:

<http://www.dtsc.ca.gov/HazardousWaste/index.html>.

These instructions are designed to be used with the U.S. EPA 2003 Hazardous Waste Report booklet, (Form 8700-13A/B), prepared by the U.S. Environmental Protection Agency (U.S. EPA).

Federal Authority

The authorizing legislation for the Biennial Report is contained in Sections 3002 and 3004 of the Resource Conservation and Recovery Act (RCRA). Section 3002 requires hazardous waste generators to report to the U.S. EPA or authorized states, at least every two years, the quantities, and disposition of generated hazardous waste. Under the authority of Section 3004, the U.S. EPA has extended the reporting requirements to treatment, storage, and disposal facilities for the wastes that they receive.

California Authority

The California biennial reporting requirement is found in Section 66262.41 of the California Code of Regulations (CCR) Title 22.

2. PURPOSE

The mission of DTSC is to protect public health and the environment from harmful exposure to hazardous waste. In order to effectively manage the State's hazardous waste, DTSC collects and maintains information about the generation, transportation, management, and final disposition of hazardous waste within the State, and about efforts to minimize or reduce these wastes.

The information gathered by the 2003 Biennial Report will be used to provide DTSC with an understanding of hazardous waste management activities and developing trends concerning generation and management methods. Your efforts in carefully filling out the forms will aid in that understanding.

3. CHANGES TO THE 2003 BIENNIAL REPORT

In 2001, U.S. EPA made significant modifications to the Hazardous Waste Report based on a lengthy study of the information needs of U.S. EPA and state hazardous waste programs. Those changes were made to improve the consistency, accuracy, and reliability of the data. U.S. EPA has made a few more changes in this 2003 HWR based on the previous study. These modifications include:

- Site ID Form Items - You must complete the entire RCRA Subtitle C Site Identification Form. This will update your record for all of your site's current regulated activities and related site information. You will report your current Hazardous Waste Generator status as of the date of submitting your 2003 Hazardous Waste Report; see Item 10.A.1 - Generator of Hazardous Waste.
- Deletion of the "RCRA radioactive mixed" (mixed waste) box on Form GM (Sec. 1.F) and on Form WR (H). You will, however, mark "Yes" on the Site Identification Form for Item 10.A.1.e - Mixed Waste Generator if your site generates this waste.
- Addition of Source codes for foreign countries of origin for hazardous waste that is imported into the United States. This is reported on Form GM. In Section 1, Box D.

4. CONFIDENTIAL BUSINESS INFORMATION

A facility may **not** withhold information from the 2003 Hazardous Waste Report on the basis that it is confidential. However, upon request, U.S. EPA will treat information reported in the 2003 Hazardous Waste Report confidential if it meets the conditions specified in Title 40 of the Code of Federal Regulations (CFR), Part 2, Subpart B. These regulations provide that a business may, if it desires, assert a claim of business confidentiality covering all or part of the information furnished in the 2003 Hazardous Waste Report. CFR Section 2.203(b) explains how to assert a claim of confidentiality.

U.S. EPA will treat information covered by such a claim in accordance with the procedures set forth in Subpart B. If someone requests release of information covered by a claim of confidentiality, or if U.S. EPA otherwise decides to make a determination as to whether such information is entitled to confidential treatment, U.S. EPA will notify the business. U.S. EPA will not disclose information as to when a claim of confidentiality has been made except to the extent of and in accordance with 40 CFR Part 2, Subpart B. However, if the business does not claim confidentiality when it furnishes the information, U.S. EPA may make the information available to the public without notice to the business.

CONFIDENTIAL BUSINESS INFORMATION (CBI) DEFINITION

In California's Hazardous Waste Handling Statutes, Confidential Business Information (CBI) would be handled under the "Trade Secret" section, as defined by Health and Safety Code Section 25173. "Trade Secret" includes but is not limited to "any formula, plan, process, tool, mechanism, compound, procedure, production data or compilation of information which is not patented, which is known only to certain individuals within a commercial concern who are using it to fabricate, produce or compound an article of trade or a service having commercial value, and which gives its user an opportunity to obtain a business advantage over competitors who do not know or use it."

In fulfilling its statutory responsibility to protect from disclosure those records which are legally entitled to "trade secret" protection, DTSC must also ensure prompt access to those records which are not entitled to protection. Consequently, anyone wishing to claim or maintain entitlement to "trade secret" protection must submit, within 60 days of the date of submission of the Annual Report, responses to the following questions in support of their claim. This information must be submitted for each provision of each

document for which "Trade Secret" protection is sought. Claims of "Trade Secret" for entire files will not be honored unless claims for the contents of each document contained therein are substantiated by the responses to these questions:

- A. Is there extensive knowledge of the information outside your business?
- B. Is there extensive knowledge by employees and others in your business?
- C. Have extensive measures been taken to guard the secrecy of the information?
- D. Is the information valuable to competitors?
- E. Have there been substantial monetary expenditures in the development of the information?
- F. Could the information be easily and properly acquired or duplicated by others?
- G. Is there substantial showing of causation between disclosure of the information and foreseeable harm?

DTSC will review each assertion of "trade secret" in light of the answers to these questions. Accordingly, it is essential the "trade secret" claimants provide adequate documentation to fully and specifically answer these questions for each document under consideration. A simple "yes" response, without supporting information, will not be considered adequate to substantiate the claim.

FILING INFORMATION

1. WHO MUST FILE THE 2003 BIENNIAL REPORT

You are required by Federal statute (mandatory reporting) to complete and file the 2003 Hazardous Waste Report (also known as the "Biennial Report") if your site:

- Meets the definition (see box below) of a RCRA Large Quantity Generator (LQG) during 2003; AND/OR

A site is a RCRA Large Quantity Generator (LQG) for 2003 if the site met any of the following criteria:

- (a) The site generated, in any single calendar month, 1,000 kg (2,200 lbs) or more of RCRA hazardous waste; or

- (b) The site generated, in any single calendar month, or accumulated at any time, more than 1 kg (2.2 lbs) of RCRA acute hazardous waste; or
 - (c) The site generated, in any single calendar month, or accumulated at any time, more than 100 kg (220 lbs) of spill cleanup material contaminated with RCRA acute hazardous waste.
 - Treated, stored, or disposed of RCRA hazardous wastes on site during 2003.
- (a) Facility (TSDF) is required to file the 2003 Biennial Report if it meets any one of the following criteria:
- 1) The Facility (TSDF) operated under the authority of a full permit or under interim status pursuant to CCR, Title 22, Division 4.5, Sections 66264 or 66265 and stored, treated or disposed of RCRA hazardous waste at any time during 2003; This requirement, however, does not apply to Permanent Household Hazardous Waste Collection Facilities

2. EXTENSION REQUESTS

To obtain a 30 day extension for submission of the 2003 Biennial Report to April 1, 2004, complete all the information on the Request for Extension (Appendix A) and fax or mail before March 1, 2004.

Extensions will only be granted for those Facilities using Waste Reporter Software, or submitting using U.S. EPA Flat File format as outlined above. Large Facilities submitting paper reports in absence of an electronic copy as outlined above will be granted Extensions only under extreme circumstances.

Extension approval notification will be provided by telephone to the contact person listed on the form. If you prefer a written approval, please specify in the comments section, and we will provide such notification.

3. EXEMPTION REQUESTS

Please do not submit an Exemption Request for every Facility or generator you have. Submit only for those Facilities who have received a filing packet for the 2003 Biennial Report. If you have questions about which Facilities to file Exemption Requests for, please call the 2003 Biennial Report Help Line at (916) 322-2880. The Request for Exemption form can be found in Appendix B.

Exemption approval notification will be provided by telephone to the contact person listed on the form. If you prefer a written approval, please specify clearly in the comments section of the Exemption form, and we will provide such notification in writing.

4. WHICH FORMS TO SUBMIT

This table identifies which forms must be submitted by each of the four categories of treatment, storage and disposal facilities (TSDFs), which are:

<i>Required Form</i>	<i>Explanation</i>
ID	All sites must complete all sections
GM	All sites that are required to submit the 2003 Biennial Report and that generate waste are required to submit Form GM.
WR	Only off-site Facilities are required to submit Form WR. Facilities may group the waste by handling method and form code only if from the same offsite handler.
OI	Not required in California

5. FILING OPTIONS

DTSC strongly encourages all generators and facilities to electronically file their 2003 Hazardous Waste Reports using software. To that end, DTSC is making available for downloading software named Waste Reporter for your company to use to complete the Biennial Report. The software will be available at:

<http://www.dtsc.ca.gov/HazardousWaste/index.html> approximately January 12, 2004. The file is approximately 7.2 MB. DTSC is using the Waste Reporter program for the 2003 Biennial Report cycle. DTSC does not formally endorse the product being used; however, independent testing has proven its usefulness in Biennial Reporting.

The software simulates the paper forms, prompts you for your information and validates that information as you enter it. It also imports U.S. EPA flat files (call 916-322-2880 for assistance). Regardless of whether you manually enter your data or import flat files, the program validates the data you enter, reports invalid data, allows you to correct errors, then exports the data in a usable format for submission to DTSC for processing. You will not be able to export data unless all data you enter is error-free. It also allows you to print a copy of the completed report for your records.

Alternatively, you may submit your report on the forms provided in the U.S. EPA 2003 Hazardous Waste Report booklet. The forms maybe photocopied as required.

Waste Reporter Software Program

Waste Reporter is a 32-bit program that is available for PCs using Windows 95, 98, or NT and is on CD-ROM. The program will not run on a Macintosh. The minimum specifications for running the software are as follows:

PC – Pentium preferred

Memory - 16 MB

Disk Space - 32 MB

Operating System - Win 95, 98, NT 3.51 and higher

Printer - Laser, Bubble Jet, or Ink Jet

Previous programs can not be used for 2003 reporting

You must submit a signed ID form if you submit your return electronically on a diskette or CD-ROM.

6. WASTE REPORTER SOFTWARE TIPS

DESCRIPTION TEXT BOX: If you can't type data into the Waste Description text box, click in the upper text box first, and then click in the description text box again, and you should be able to enter data.

NAICS CODES: Look up NAICS codes at www.NAICS.com. Your company may find that more than one code applies. Do not use 562111 or 562112 unless your business is mainly a hazardous waste collector or waste treatment plant. Refer to your 2001 Hazardous Waste Report for the codes you used in your previous report.

COUNTY v. COUNTRY FIELDS: Enter the COUNTY (e.g., Stanislaus) in the location address, and the COUNTRY (U.S.A.) in the mailing address. Use the drop down menus to identify the correct names.

TAB NAVIGATION: Use the TAB key to navigate between fields.

WARNING MESSAGES: These are not critical errors. The most common one regarding comments in the comments section is generally a reminder that comments are required. The software cannot verify that you have or have not entered the comments. Verify that you have, and then ignore the message. Another common one is for U.S. EPA ID number validity. Verify your U.S. EPA ID number through (415) 495-8895, and verify it has been entered correctly (e.g., zero for the letter "O"), and ignore the message.

CRITICAL ERROR: These messages are more serious. They are not just reminders, but are serious problems with the report. Most are easily repaired, such as a missing code, etc. Verify the data is correct, and run the validation again. If you cannot solve the CRITICAL ERRORS after a few attempts, call (916) 322-2880 for assistance. Do not re-

enter your data.

UNIT OF MEASURE (UOM): Enter 1 for pounds, 2 for Short tons, 3 for Kilograms, 4 for Metric tons. For these weighted measures, do not enter density. For volume measures, enter 5 for Gallons, 6 for Liters, and 7 for Cubic Yards. For these volume measures, you must include density information, either in pounds per gallon (enter the weight in pounds of one gallon of the waste (should be over about 7) and check **lbs/gal** box.) or in specific gravity (enter the specific gravity of the waste (should be under 3) and check the **sg** box. If you are not sure which to enter, call (916) 322-2880 for assistance.

SUMMARY REPORT: Run the Waste Reporter Summary Report to check for validity of data and whether the data amounts make sense (check if the software added any zeros to quantities, changed EPA ID numbers, or there were any data entry errors made).

NON-REQUIRED FIELDS: For fields that are not required, leave blank. Do not enter data.

IMPORTING FILES: You can use the "Import" feature to import your data stored in U.S. EPA Flat File format directly into Waste Reporter. For assistance with importing using the U.S. EPA Flat File format, call (916) 322-2880.

7. FREQUENTLY ASKED QUESTIONS

Questions	Answers
Instructions and Forms	
How can I get another copy of the 2003 California Supplemental Instructions and Forms and/or the 2003 HWR Instructions and Forms ?	You can download the 2003 California Supplemental Instructions and Forms and 2003 Hazardous Waste Report booklet from http://www.dtsc.ca.gov/HazardousWaste/index.html If you do not have Internet access, contact us the Biennial Report Helpline.
Where can I find the most current U.S. EPA Flat File Specifications?	You can download the 2003 U.S. EPA Flat File Specifications http://www.dtsc.ca.gov/HazardousWaste/index.html If you do not have Internet access, contact us the Biennial Report Helpline.
Who Is Required To File?	
Who is required to submit a 2003 Biennial Report?	LQGs and TSDFs who treated RCRA hazardous waste are required to file.
Are "California Only" handlers required to file?	No
I just bought this company. Am I required to file?	Yes. You should have received records of past hazardous waste handling activity from the previous owner. Contact the transporter for missing copies of manifests.
I am no longer generating hazardous waste. Am I required to file?	Yes. You are only exempt if you ceased all operations and all clean up prior to January 1, 2003. Submit an Exemption Form (Appendix B).
How do I submit an exemption?	Submit an Exemption Form, (Appendix B).
Workshops/Training	
Where do I get for help with the software?	Check out the Waste Reporter Software Guide in Appendix K, and the Software Tips. Contact the Biennial Report Helpline.
Are workshops or training sessions going to be given?	Yes. See the Section on Biennial Report Workshops which will be conducted at several locations
Reporting Information	
My company only generates non-RCRA waste. Am I required to file?	No.
Is wastewater reported?	No. If the wastewater is sent via a hard piped inline treatment system, directly to a Publicly Owned Treatment Works (POTW). Call (916) 322-2880 for clarification.

Questions	Answers																		
Is universal waste reported?	No. Universal waste is exempt and is not reported.																		
The waste we generate is shipped offsite to be recycled, is it reportable?	Yes. All RCRA waste your company generated is reportable.																		
Do I report waste with a heating value above 3,000 BTU or 1% VOC?	No. Not required.																		
Where can I find a list of RCRA (U.S. EPA) codes and other code lists?	See U.S. EPA Hazardous Waste Report Booklet																		
Where can I find a list of Units of Measure?	See U.S. EPA Hazardous Waste Report Booklet																		
How can I tell if I am exempt?	See Who Must File of the 2003 California Supplemental Instructions .																		
Do I need to complete "non-mandatory fields"?	DTSC requires the following fields to be completed: <table><tr><th>FORM</th><th>SECTION</th><th>BLOCKS</th></tr><tr><td><u>ID</u></td><td><u>N/A</u></td><td><u>ALL</u> <u>Fax # & Email</u> <u>entered in block 13</u></td></tr><tr><td><u>GM</u></td><td><u>I</u></td><td><u>A, B, D, F, G</u></td></tr><tr><td></td><td><u>II</u></td><td><u>ALL</u></td></tr><tr><td></td><td><u>III</u></td><td><u>A, B, D</u></td></tr><tr><td></td><td></td><td><u>A, B, D, E, F, H</u></td></tr></table>	FORM	SECTION	BLOCKS	<u>ID</u>	<u>N/A</u>	<u>ALL</u> <u>Fax # & Email</u> <u>entered in block 13</u>	<u>GM</u>	<u>I</u>	<u>A, B, D, F, G</u>		<u>II</u>	<u>ALL</u>		<u>III</u>	<u>A, B, D</u>			<u>A, B, D, E, F, H</u>
FORM	SECTION	BLOCKS																	
<u>ID</u>	<u>N/A</u>	<u>ALL</u> <u>Fax # & Email</u> <u>entered in block 13</u>																	
<u>GM</u>	<u>I</u>	<u>A, B, D, F, G</u>																	
	<u>II</u>	<u>ALL</u>																	
	<u>III</u>	<u>A, B, D</u>																	
		<u>A, B, D, E, F, H</u>																	
I can't find all of my records? Will BRS Staff give me copies of my missing manifests?	No. Contact the previous owner or the transporter to obtain missing manifests. If Unable to locate, contact the Generator Information Services at (800) 618-6942.																		
How do I submit my report?	Via mail, UPS or FED EX to: 2003 Biennial Report Staff (FLR 11-53D) Dept of Toxic Substances Control P.O. Box 806 Sacramento, CA 95812-0806 Physical address for UPS/Fed Ex: 2003 Biennial Report Staff (FLR 11-53D) Dept of Toxic Substances Control 1001 I Street, 11th Floor Sacramento, CA 95814																		

Questions	Answers
Can I fax my report to meet the deadline?	No. Submissions must contain original signatures and must be postmarked, not received , by the deadline. Submissions should include an electronic version of the report..
Internet	
Is information available on the Internet for the 2003 Biennial Report and/or the 2003 HWR?	Yes. See http://www.dtsc.ca.gov/HazardousWaste/index.html for downloading 2003 Biennial Report Instructions and Biennial Report Forms, 2003 HWR Instructions, U.S. EPA Flat File Format, 2003 Waste Reporter Software, and Adobe Acrobat Reader.
Can I email my transmittal file?	No. Submissions must be signed and sent by mail, with the transmittal file diskette attached.
Software	
Where can I get the Waste Reporter software?	See http://www.dtsc.ca.gov/HazardousWaste/index.html
What if I can't see the right hand scroll bar?	Resize your monitor resolution to 1024x768 .

GETTING HELP

1. HELP TO SUBMIT THE 2003 BIENNIAL REPORT

CONTACT US

To facilitate communications regarding the 2003 Biennial Report, a dedicated telephone number and general fax number are available. Our staff will reply by fax or phone within two working days. Those numbers are:

DEPARTMENT OF TOXIC SUBSTANCES CONTROL

Fax number: **(916) 322-1005** *Fax Exemption/Extension Requests Only*
DO NOT fax your report or Form ID.

Help Line: **(916) 322-2880** *Ask questions needing immediate response, verifying NAICS codes, and software help.*

E-mail address: **BRSstaff@dtsc.ca.gov** *Use for asking highly detailed questions.*

DO NOT email your transmittal file.

U.S. ENVIRONMENTAL PROTECTION AGENCY

US EPA REGION IX HOTLINE **(415) 222-8371**

E-mail address **BRSinfo@ttemi.com**

EPA ID numbers: (415) 495-8895

Use to verify EPA ID numbers only

2. BRS WORKSHOPS

To assist filers, DTSC is providing several 2-hour workshops in January. The following table provides a schedule of the workshops.

LOCATION	DATE AND TIME
Department of Toxic Substance Control 8800 Cal Center Drive Training Room A-1-300 Sacramento, CA	January 22, 2004 10:00 AM January 22, 2004 1:00 PM Capacity : 45 spaces per session
Department of Toxic Substance Control 700 Heinz Avenue Suite 200 Berkeley, CA 94710	January 20, 2004 10:00 AM January 20, 2004 1:00 PM Capacity : 70 spaces per session
Department of Toxic Substances Control/CAL EPA, Conf RM 1 2878 Camino del Rio South, Suite 402 San Diego, CA 92108	January 29, 2004 10:30 AM January 29, 2004 1:30 PM Capacity : 25 spaces per session
Department of Toxic Substance Control 5796 Corporate Avenue Cypress, CA 90630	January 27, 2004 10:30 PM January 27, 2004 1:30 PM Capacity : 80 personnel per session

There is no charge for attending a workshop and there will be onsite registration. A photo ID is required and security checks may be conducted at the buildings. **Seating is on a first come, first served basis.**

PREPARING YOUR RETURN

1. WHEN AND WHERE TO FILE

Forms must be **postmarked** by: **MARCH 1, 2004** (*postmark date*)

Return Completed Reports to: **2003 Biennial Report Staff (FLR 11-53)**
(*First Class USPS* **Dept of Toxic Substances Control**
is preferred) **P.O. Box 806**
Sacramento, CA 95812-0806

Physical address for Fed Ex: **DTSC 2003 BRS STAFF (FLR 11-53)**
1001 I Street, 11th Floor
Sacramento, CA 95814

ELECTRONIC REPORTING

Electronic copies should be submitted, on diskette or CD-ROM, but must be accompanied by an original signed FORM ID, and must be created using either the Waste Reporter Software, or using the official U.S. EPA Flat File Format. Due to past problems with data format incompatibility, DTSC is requiring all electronic copies be submitted in one of the above formats

2003 HAZARDOUS WASTE REPORT FILING DATE EXTENSION REQUEST

I request a filing date extension for the 2003 Hazardous Waste Report
for the following facility:

EPA ID

Site Name: _____

Site Location Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Email Address: _____

Contact Title: _____

Phone Number of Contact: _____ Ext. _____

REASON FOR EXTENSION: _____

Authorized Signature of the Facility

Date

Return to: **Department of Toxic Substances Control
Hazardous Waste Management Program
Attn: Biennial Report Staff
1001 I St, 11th Floor, P.O. Box 806
Sacramento, California 95812-0806**

or FAX to: **(916) 322-1005**

Appendix A

2003 HAZARDOUS WASTE REPORT EXEMPTION REQUEST

EPA ID

Contact Name: _____ Phone: _____

Facility/Generator Name: _____

Mailing Address: _____

Mailing City: _____ State: _____ Zip: _____

E-Mail Address: _____

2003 BIENNIAL REPORTING REQUIREMENTS:

The company must be a RCRA Large Quantity Generator in 2003 (at a specific location)

AND/OR

A company that treated, stored, or disposed of RCRA hazardous wastes in 2003.

Not required to file the 2003 Hazardous Waste Report

If your facility does **not** meet the above criteria, you are not required to file a Hazardous Waste Report for 2003. Please complete the information below for our records.

Site Location Address: _____

City: _____ State: _____ Zip: _____

Reason For Exemption: _____

Return to: **Department of Toxic Substances Control
Hazardous Waste Management Program
Attn: Biennial Report Staff
1001 I St, 11th Floor, P.O. Box 806
Sacramento, California 95812-0806**

or FAX to: **(916) 322-1005**



Tom
Dean/MacDermid/MACDERM
ID/US

02/16/2004 06:17 PM

To Richard
Nave/MACDERMID/MACDERMID/US@MACDERMID

cc

bcc

Subject Re: Fw: San Fernando Road Warehouse

Rich,

I believe we had (1) shipment (code 9) from Sunland on 12/19/03. The total weight on the manifest was 9,878 lbs.

Tom
Richard Nave/MACDERMID/MACDERMID/US

Richard
Nave/MACDERMID/MACDER
MID/US

02/16/2004 01:16 PM

To Tom Dean/MacDermid/MACDERMID/US@MACDERMID

cc

Subject Fw: San Fernando Road Warehouse

Tom,

Have you had a chance to get me a number for the pounds of waste?

Thanks

Rich

Richard A. Nave
Corporate Manager, Environmental Affairs
MacDermid, Inc.
245 Freight St.
Waterbury, CT 06702
Phone 203-575-5747
Cell 203-808-1621
Fax 203-575-5639

----- Forwarded by Richard Nave/MACDERMID/MACDERMID/US on 02/16/2004 04:15 PM -----

Richard
Nave/MACDERMID/MACDER
MID/US

02/13/2004 03:59 PM

To Tom Dean/MacDermid/MACDERMID/US@MACDERMID

cc

Subject San Fernando Road Warehouse

Hi Tom,

For the purpose of paying the annual Haz Waste Generator Fee I need to know how many tons of hazardous waste were generated by the warehouse on San Fernando Road.

Can you please let me know ASAP.

Thanks

Rich

Richard A. Nave
Corporate Manager, Environmental Affairs
MacDermid, Inc.
245 Freight St.
Waterbury, CT 06702
Phone 203-575-5747
Cell 203-808-1621
Fax 203-575-5639



U.S. Environmental Protection Agency Facility Registry System (FRS)

Recent Additions | Contact Us | Print Version

EF Search:

GO

EPA Home > Envirofacts > FRS > Report



FRS

Facility Detail Report

Report
an
Error

Facility Name:	MAC DERMID INC
Location Address:	5439 SAN FERNANDO RD WEST
Supplemental Address:	
City Name:	LOS ANGELES
State:	CA
County Name:	LOS ANGELES
ZIP/Postal Code:	90039
EPA Region:	09
Congressional District Number:	27
Legislative District Number:	
HUC Code:	18070105
Federal Facility:	NO
Tribal Land:	
Latitude:	34.151473
Longitude:	-118.27417
Method:	ADDRESS MATCHING-HOUSE NUMBER
Reference Point Description:	PLANT ENTRANCE (GENERAL)
Duns Number:	010707222
Registry ID:	110002638147

Report Facility Discrepancy

Map this facility

Environmental Interests

Information System	Information System ID	Environmental Interest Type	Data Source	Last Updated Date	Supplemental Environmental Interests:
RCRAINFO	CAD010707222	HAZARDOUS WASTE BIENNIAL REPORTER	RCRAINFO	10/12/2000	
RCRAINFO	CAD010707222	NOT IN A	NOTIFICATION	10/15/1998	

UNIVERSE

Facility Mailing Addresses

<u>Affiliation Type</u>	<u>Delivery Point</u>	<u>City Name</u>	<u>State</u>	<u>Postal Code</u>	<u>Information System</u>
FACILITY MAILING ADDRESS	5439 SAN FERNANDO RD WEST	LOS ANGELES	CA	90039	RCRAINFO
OPERATOR	5439 SAN FERNANDO RD WEST	CITY NOT REPORTED	CA	99999	RCRAINFO
OWNER	245 FREIGHT ST	WATERBURY	CT	06702	RCRAINFO
REGULATORY CONTACT	3621 W MACARTHUR BLVD STE 114	SANTA ANA	CA	92704	RCRAINFO

NAICS Codes

<u>Data Source</u>	<u>NAICS Code</u>	<u>Description</u>	<u>Primary</u>	<u>Report Discrepancy</u>
RCRAINFO	325998	ALL OTHER MISCELLANEOUS CHEMICAL PRODUCT AND PREPARATION MANUFACTURING.		Report

SIC Codes

No SIC Codes returned.

Contacts

<u>Affiliation Type</u>	<u>Full Name</u>	<u>Office Phone</u>	<u>Information System</u>	<u>Mailing Address</u>	<u>Report Discrepancy</u>
REGULATORY CONTACT	THOMAS A DEAN	7148501477	RCRAINFO	View	Report

Organizations

<u>Affiliation Type</u>	<u>Name</u>	<u>DUNS Number</u>	<u>Information System</u>	<u>Mailing Address</u>	<u>Report Discrepancy</u>
OPERATOR	MAC DERMID INCORPORATED		RCRAINFO	View	Report
OWNER	MAC DERMID INCORPORATED		RCRAINFO	View	Report

Alternative Names

No Alternative Names returned.

Query executed on: FEB-27-2004

[EPA Home](#) | [Privacy and Security Notice](#) | [Contact Us](#)

Last updated on Friday, February 27th, 2004
http://oaspub.epa.gov/enviro/fii_query_dtl_disp_program_facility

NON-HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No

Manifest
Document No.

2 Page 1
of 1

3 Generator's Name and Mailing Address

MACDENMID, INC
145 FREIGHT STREET
WATERBURY, CT 06708

4 Generator's Phone (714 850-1177

5 Transporter 1 Company Name

6 US EPA ID Number

A Transporter's Phone

HERITAGE TRANSPORT, LLC / SIGNAL HILL RD 052484114

(562)595-0209

7 Transporter 2 Company Name

8 US EPA ID Number

B Transporter's Phone

ENGWANA EQUIPMENT

1A20982403586

1-800-528-4075

9 Designated Facility Name and Site Address

10 US EPA ID Number

C Facility's Phone

HERITAGE ENVIRONMENTAL SERVICES, LLC
5125 EAST STOREY ROAD
COOLIDGE, AZ 85002

(520)723-4167

11 Waste Shipping Name and Description

12 Containers
No. Type

13
Total
Quantity

14
Unit
Wt/Vol

a ~~NON-DO NOT HERE REGULATED~~

b NON-DO NOT HERE REGULATED

004 DF 00020 G

c NON-DO NOT HERE REGULATED

022 DF 00110 G

d CORROSIVE LIQUID, BASIC, INORGANIC, H.O.C., 8,
UN3266, PG II, (SODIUMHYDROXIDE) ERSH 154

003 DF 00015 G

D Additional Descriptions for Materials Listed Above

E Handling Codes for Wastes Listed Above

A. 51313-35
B. 51313-34 4X59 DF
C. 51313-36 22X53 DF
D. 51313-37 21X53 DF

15 Special Handling Instructions and Additional Information

24 HOUR EMERGENCY PHONE 1: 1800-48-SP-11
Corrosive Liquid, Basic, Inorganic, H.O.C., 8,
UN3266, PG II (MOAH)

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

Printed/Typed Name

AIBERT CARDONA

Signature

[Signature]

Month Day Year

11/21/9103

17 Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Kenneth Tobin

Signature

[Signature]

Month Day Year

11/21/9103

18 Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Michael Polanco

Signature

[Signature]

Month Day Year

11/22/93

19 Discrepancy Indication Space

20 Facility Owner or Operator Certification of receipt of waste materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

ORIGINAL-RETURN TO GENERATOR

PLEASE PRINT OR TYPE

(Form designed for use on blue (12-pitch) typewriter.)

Form approved. OMB No. 2050-0039. Expires 9-30-99

**UNIFORM HAZARDOUS
WASTE MANIFEST
(Continuation Sheet)**

21. Generator's U.S. EPA ID Number

Manifest
Document No.

22. Page

Information in the shaded areas is
not required by Federal Law.

23. Generator's Name

MACDERMID, INC
245 FREIGHT STREET, WATERBURY, CT 06708

714 850-1477

L. State Manifest Document Number

22837570

24. Transporter Company Name

Heritage Transport LLC

25. U.S. EPA ID Number

INADDS-8-484-1-1-1

26. Transporter Company Name

26. U.S. EPA ID Number

28. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

29. Containers
No. Type30. Total
Quantity31. Unit
Vol.a. WASTE CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S.,
8, UN3264, PG II, (SULFURIC ACID, SODIUM
BICHRONATE) (D002, D007) ERG# 154

006 D F 00300 G

b. WASTE CORROSIVE LIQUID, ACIDIC, ORGANIC, N.O.S.,
3, UN3265, PG II, (ACETIC ACID) (D002, D011) ERG#
153

003 D F 00150 G

c. WASTE CORROSIVE LIQUID, ACIDIC, ORGANIC, N.O.S.,
3, UN3265, PG II, (ACETIC ACID, SILVER NITRATE) (
D002, D011) ERG# 153

001 D F 00050 G

d. WASTE CORROSIVE LIQUID, ACIDIC, ORGANIC, N.O.S.,
3, UN3265, PG II, (CHROMIC ACID, ACETIC ACID) (
D002, D007) ERG# 153

001 D F 00005 G

e. WASTE OXIDIZING LIQUID, I.O.S., 5.1, UN3139, PG
II, (AMMONIUM NITRATE) (D001, D002) ERG# 140

001 D F 00005 G

3. Additional Descriptions for Materials Listed Above

A. 51313-32 D007-2-3-1-1

B. 51313-43 D011-2-3-1-1

C. 51313-44 D011-2-3-1-1

D. 51313-45 D007-2-3-1-1

32. Special Handling Instructions and Additional Information

24 Hour Emergency # 1-800-418-5911

33. Transporter Acknowledgement of Receipt of Materials

Printed / Typed Name

12/17/93

Signature

DATE

Month Day Year
12/17/93

34. Transporter Acknowledgement of Receipt of Materials

Printed / Typed Name

Signature

DATE

Month Day Year

35. Discrepancy Indication Space

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA, CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No. C A I D 0 1 1 0 7 0 7 2 2 2		Manifest Document No. 3 7 5 7 0		Page 1 of 2		Information in the shaded areas is not required by Federal law	
3. Generator's Name and Mailing Address MACDERMID, INC 245 FREIGHT STREET, WATERBURY, CT 06708						A. State Manifest Document Number: 22837570			
4. Generator's Phone: 203-247-1477						B. State Generator's ID			
5. Transporter 1 Company Name HERITAGE TRANSPORT, LLC / SIGNAL, HI						C. State Transporter's ID			
6. US EPA ID Number I N D 0 5 8 4 8 4 1 1 3						D. State Transporter's ID			
7. Transporter 2 Company Name ENGLUND EQUIPMENT						E. State Transporter's ID			
8. US EPA ID Number A 2 0 9 8 2 4 0 3 5 2 6						F. State Transporter's ID			
9. Designated Facility Name and Site Address HERITAGE ENVIRONMENTAL SERVICES, LL 5122 EAST STOREY ROAD COOLIDGE, AZ 85228						10. US EPA ID Number A 2 0 8 1 7 0 5 4 0 2			
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Manifest Codes for Manifests Listed Above	
WASTE CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S., 6, UN3264, PG II, (HYDROCHLORIC ACID) (D002), ERG# 154						No. Type		Quantity	
						001 DTF		003005 67	
WASTE CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S., 3, UN3264, PG II, (SULFURIC ACID), COPPER SULFATE (D002) ERG# 154								State: MA EPA/OSHA: 6002	
WASTE CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S., 3, UN3264, PG II, (SULFURIC ACID) (D002) ERG# 154								State: MA EPA/OSHA: 6002	
NO. WASTE FLAMMABLE LIQUIDS, N.O.S., 3, UN1993, PG II, (BUTYL ALCOHOL) (D01) ERG# 128						006 D M		003000 67	
14. Additional Descriptions for Materials Listed Above						15		15	
A. 51913-351 XSG DF									
B. 51313-38									
C. 51313-39									
D. 51313-416 XSS DM						15		15	
15. Special Handling Instructions and Additional Information 24 HOUR EMERGENCY PHONE N. 1-800-48-SPILL									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practical method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name ALBERT CARDONA				Signature <i>[Signature]</i>		Month 11		Day 21	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature <i>[Signature]</i>		Month 11		Day 21	
Printed/Typed Name TERRY TOLIN				Signature <i>[Signature]</i>		Month 11		Day 21	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature <i>[Signature]</i>		Month 11		Day 24	
Printed/Typed Name MICHAEL POLANSKY				Signature <i>[Signature]</i>		Month 11		Day 24	
19. Discrepancy Indication Space									
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name ERIN RAMIREZ Signature <i>[Signature]</i> Month 01 Day 02 Year 04									

DO NOT WRITE BELOW THIS LINE.

Yellow:

TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS.
(Generators who submit hazardous waste for transport out-of-state, produce completed copy of this copy and send to DTSC within 30 days.)

CA Problem - Chrome / Strag



Oxford Press/Box

• STOCK NO. 7521/3 •

MADE IN U.S.A.

3.4
x10

REG	RR	PR
TR	AUD	NR
REF	QD	PI

HAZARDOUS WASTE TAX RETURN

DUE ON OR BEFORE 07/31/90 FOR JAN - JUN 1990

Mail To:

7190

HA HQ 36-029508

STATE BOARD OF EQUALIZATION
EXCISE TAX DIVISION
P.O. BOX 647
SACRAMENTO, CA. 95803-0647MAC DERMID INCORPORATED
5439 SAN FERNANDO RD WEST
LOS ANGELES, CA 90039-1090

FILE

PM

READ INSTRUCTIONS
BEFORE PREPARINGMake Changes If Name
or Address is IncorrectCAD980895148
2821 POMONA BLVD, POMONA

CATEGORIES (DEFINITIONS ENCLOSED)	A Total Tonnage Disposed of By Category	B Taxable Tonnage (round up to whole ton)	C Rate of Tax	D Amount of Tax (col. B x C)
Recycled (Excludes used oil removed from a motor 0a. vehicle and subsequently recycled)			0.00	
0b. Out of State			18.38	
Non-RCRA Regulated (Generally includes asbestos, 1. petroleum based waste and hazardous shredder waste)			13.13	
2. Mining Waste			13.13	
3a. Extremely Hazardous Surface Impounded			105.00	
3b. Extremely Hazardous Not Surface Impounded			105.00	
4a. Restricted Waste Surface Impounded			105.00	
4b. Restricted Waste Not Surface Impounded			105.00	
5a. Other (See category definitions)			2.63	
5b. Other (See category definitions)			2.63	
Hazardous Waste Landfilled (Generally excludes 6a. asbestos and petroleum based waste - see Line 1)			52.50	
6b. Hazardous Waste Landfarmed			52.50	
6c. Hazardous Waste Injection Well			52.50	
6d. Hazardous Waste Surface Impounded			52.50	
Double Lined Surface Impounded (RESTRICTED 8. Category - See category definitions)			5.25	
9. Total Tax (add column D Lines 0b through 8)				
10. Penalty of 10% (.10) if payment is made after due date shown above.			Penalty	
11. INTEREST OF 14% PER ANNUM (0.011667 PER MONTH) IS DUE IF PAYMENT IS MADE AFTER THE DUE DATE.			Interest	
12. TOTAL AMOUNT DUE AND PAYABLE (Add Lines 9, 10, 11)				

I hereby certify that this return, including any accompanying schedules and statements, has been
examined by me and to the best of my knowledge and belief is a true, correct and complete return.

PRINT/TYPE NAME AND TITLE

SIGNATURE

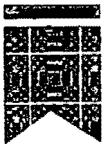
PHONE NUMBER

DATE

ROBERT TICE OPERATION MGR. Richard J. 818 246-9573 7/9/90

MAKE CHECK OR MONEY ORDER PAYABLE TO STATE BOARD OF EQUALIZATION.

Always Write Your Account Number on Your Check or Money Order. Make a Copy For Your Records.



MacDermid
INCORPORATED

245 FREIGHT STREET - WATERBURY, CT 06702 - TELEPHONE (203) 575-5700 - TELEX 4436011 - INTL. FAX 203-575-7900 - DOM. FAX 203-575-5630

May 17, 1989

State of California
Dept. of Health Services
Toxic Substances Control Division
107 South Broadway
Los Angeles, CA 90012

Re: NOTIFICATION OF OPERATION CLOSURE

Gentlemen:

Effective July 31, 1989 MacDermid Inc. will cease operations at its facility located at 2821 Pomona Blvd., Pomona, CA. MacDermid Inc. will no longer be generating any hazardous waste at the aforementioned facility.

Should you have any questions regarding this notification or require additional information to close MacDermid's file, please feel free to contact me.

Sincerely

Frank J. Cruice
Corp. Safety and Regulatory
Compliance Manager

MacDermid Inc.

cc: J. Ciechon
B. Tice
file

MEMO TO: Carl Landon, Frank Cruice

FROM: Cherrie Gillis

August 11, 1988

SUBJECT: California Warehouse Closure Plan

The draft closure is still on the hands of the DOHS in California; it has been for approximately 3 years. The message is the same as far as its status.

On 12/21/87, I was told, we along with 300 others, are on a low priority for closure. I called again on the 10th, and the duty officer said the same thing. The only people they are dealing with for closure at this point, are areas that are contaminated. I assured him we were not contaminated in our LA warehouse. I will call in another 6 to 12 months to see where we stand, otherwise, they apparently seemed to be satisfied with us.

CG:hi

12/21/87

Called Jose^{Kou}@DOTB 818-567-3000
~~213-620-6022~~

We, along w/ 300+ others on low priority
for closure -

Jose will send me letter of acknowledgement
that DOTB received draft closure.

8/10/88 Duty Officer - Amancio Sychip
Also on low priority - same as above

cc Tony T.

8/9/88
cu

~~MEMO TO: Carl Landon, Frank Cruise~~

FROM: *10* Cherrie Gillis

August 11, 1988

SUBJECT: California Warehouse Closure Plan

The draft closure is still on the hands of the DOHS in California; it has been for approximately 3 years. The message is the same as far as its status.

On 12/21/87, I was told, we along with 300 others, are on a low priority for closure. I called again on the 10th, and the duty officer said the same thing. The only people they are dealing with for closure at this point, are areas that are contaminated. I assured him we were not contaminated in our LA warehouse. I will call in another 6 to 12 months to see were we stand, otherwise, they apparently seemed to be satisfied with us.

CG:hi

Any thing new?

cu



Engineering Division

C. Land M

3600 Wilshire Blvd., Suite 1600
Los Angeles, California 90010
October 27, 1986

Mr. James F. Tunnickliff
Manufacturing and Distribution
Mac Dermid Inc
5439 San Fernando Road
Los Angeles, California

*CC Simmons - please get R.B. of
distribution and you, Fowler,
and add them.*

Location Surveyed: 5439
Los Angeles
Person Contacted: James
Mac Dermid
Date of Survey: July
Coverages: Work
Engineering

*9/1/86
Fowler*

Dear Mr. Tunnickliff:

This letter confirms our discussion of the warehousing operation, the safety and health programs and the survey we conducted. You supplied me with copies of the written Hazard Communication Program, Hazard Chemical Spill or Leak Procedure, Emergency Evacuation and Hazardous Chemical List. I explained the Industrial Hygiene Services available from The Travelers. Attached to this letter are the following safety aids:

Loss Prevention Chemical & Environmental Lab
Services

Loss Prevention Training and Loss Control Promotion
Services

Occupational Ergonomics-A Management Guide to Workplace
Design

Operating Rules for Forklifts

CAL/OSHA Recordkeeping and Reporting Requirements

9
0
You said that the safety activities had been suspended because of an anticipated change in location or operations; however, they are to be reactivated in August. A safety meeting and inspection will be conducted and the hazardous communication training will be provided by you within two weeks of the time of this survey. A MacDermid Corporate Slide Program

This report is based upon conditions and practices observed and information supplied by management personnel at the time of this visit. It does not purport to list all hazards nor to indicate that other hazards do not exist nor is it an endorsement of procedures, practices, or products and no authorization is granted for promotional or endorsement purposes. Surveys and recommendations made by The Travelers are advisory and designed to assist customers in the establishment and maintenance of their own safety activities. The Travelers assumes no responsibility for management and control of these activities nor for the correction of the conditions pointed out herein.

To: Mr. James F. Tunniclff
Manufacturing and District Manager
Mac Dermid Inc.

will be adapted to the location's needs. The labeling portion of the program has begun and will be completed in August. The labeling of carcinogens is a major consideration. Labels are issued by the Corporate Office.

I reviewed the programs you supplied. I found the programs to be good, however, I find the following areas ones that deserve additional consideration. In the MacDermid Inc. Los Angeles written Hazard Communication Program, I feel Section 6(a) On the Job Training Checklist might also include information and training on Material Safety Data Sheets. In the same document, [Section 4(a) "All labels in English"], you might consider referencing conditions that exist for non-English speaking employees or labels using universal symbols. Lastly, the "Hazardous Chemical Spill and Leak Procedure" in Section No. 9 - Alert Authorities is at the end of the procedure. I feel it should be moved to the beginning of the procedure.

I reviewed the past accident reports. I found no trends and reports were considered complete. There was no CAL/OSHA Logs. You said, you investigate all accidents and conduct or supervise all training. The annual forklift training was conducted July 5, 1986. Employees are to be trained in the use of fire extinguishers and the Scott Air Packs in 1986. The fire department has surveyed the operation and are prepared to deal with future responses if necessary.

During the survey, we reviewed the past safety recommendations. I found conditions in the warehouse to be good. Housekeeping was good, lighting was good and walking surfaces were also good. Below I have reviewed the past safety recommendation and submitted one new safety recommendation:

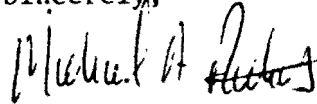
RECOMMENDATIONS

- 85-2 Completed - The permit for the air tank was posted.
- 85-5 Resubmitted - (Originally submitted August 9, 1986.) An eye wash station should be provided by the battery charge area in the warehouse. As you have plans to replace the eye wash station in the warehouse, I suggest that the old eye wash station be mounted in the warehouse. (You felt there was not a significant need for an eye wash in the area and I suggested possibly providing a portable, temporary eye wash in the area so that employees could get immediate relief and then use the eye wash in the lab.)
- 85-7 Completed - Regarding the First Aid facilities, I have supplied copies of the CAL/OSHA requirements. A company physician should approve all supplies in the kit.
- 86-1 A CAL/OSHA Log should be kept. The log is not only a State requirement, it is a quick check device to evaluate accident trends and frequency.

To: Mr. James F. Tunnicliff
Manufacturing and District Manager
Mac Dermid Inc.

I have tentatively scheduled my next visit for January 1987. At that time I plan to evaluate the Safety Committee Meeting Minutes and calculate an accident incident ratio from the CAL/OSHA Log. If I can be of any assistance prior to then, please feel free to contact me.

Sincerely,



Michael A. Richards
Senior Engineering Representative

MAR:baw

Enclosures

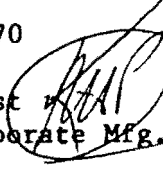
Loss Prevention Chemical & Environmental
Lab Services (1 each)
Loss Prevention Training & Loss Control
Promotion Services (1 each)
Occupational Ergonomics - A Management
Guide to Workplace Design (1 each)
Operating Rules for Forklifts (2 each)
CAL/OSHA Recordkeeping and Reporting
Requirements (1 each)
GISO 1512 Emergency Medical Review (1 each)
GISO 3400 Medical Services and First Aid (1 each)

Distribution:

Orig: As Addressed with enclosures

1 cc: Mr. Arthur J. Lovetere,
President
Mac Dermid Inc.
P.O. Box 671
Waterbury, CT 06720

1 cc: Mr. Russell Burge,
Corporate Secretary
Mac Dermid Inc.
P.O. Box 671
Waterbury, CT 06270

1 cc: Mr. Reginald H. Post 
Vice President Corporate Mfg.
Mac Dermid Inc.
526 Huntingdon Avenue
Waterbury, CT 06708

1 cc: Alexander and Alexander Inc.
120 S. Central Avenue
St. Louis, MO 63105

May 15, 1986

MEMO TO: Jim Tunnickliff

FROM: Cherrie Gillis

cc: Tony Tranchida
Carl Landon

SUBJECT: Env. Risk Audit

To confirm our telecon, you will send me a copy of your Spill Plan this week.

As we discussed, please update the Safety Manual & send me a copy so we may confirm to ERL that this is completed. May I have within 2 weeks?

Also, as you mentioned, you have some new warehouse personnel that need training, please institute asap. Safety training is where ERL is hitting us hard, we need to implement and push for training. Please, keep a written record of the training.

Please advise me when training is complete. Should take place within the next 30 days to play it safe.

Cherrie Gillis

*Evacuation/Spill Clean up sent to me per
JT 5/28/86*

M-Kesson

August 15, 1986

Mr. James F. Tunnicliff
MacDermid, Incorporated
5439 San Fernando Road West
Los Angeles, CA 90039

SUBJECT: Hazardous Waste Training Outline

Dear Mr. Tunnicliff:

Enclosed is a draft copy of the Hazardous Waste Training Program developed for your facility. Please review the outline and let me know of your comments. Sections of the Documentation portion of the Program need to be completed. Specifically, a "sign in sheet" should be developed to track attendance at each session. Also, the description of the hazardous waste activities associated with each job at MacDermid - Los Angeles needs to be developed.

The training outline, as it stands can be sent to the Department of Health Services, at your discretion, as a DRAFT document.

I look forward to hearing your comments.

Very Truly Yours,



Stacy R. Deal
Environmental Scientist

Attachments
cc: R. Fehler
W. Loo

HAZARDOUS WASTE TRAINING
INTRODUCTION

DRAFT

This document addresses the personnel training requirements specified in Article 18, Section 67105 of the State of California's Hazardous Waste Management Regulations. The purpose of personnel training is to ensure facility compliance with these regulations during normal operations and in emergency situations. Each MacDermid facility employee is trained the general requirements for hazardous waste management. This information is presented in three sections.

- I. Regulatory Requirements for Hazardous Waste Management.
- II. Chemical and Physical Hazards of the Hazardous Waste Produced at MacDermid.
- III. Emergency Response

Additional training is provided for laboratory personnel, hazardous waste drum handlers and their supervisors. The information provided in this training is specific to the hazardous waste activities these employees perform as a part of their job.

Laboratory personnel training includes the laboratory's procedures for:

- I. Waste Sample Logging
- II. Container Labeling and Storage
- III. Sample Segregation

Additional training for hazardous waste drum handlers explains:

- I. Accumulation Area Container Requirements
- II. Procedures for Moving Drums of Hazardous Waste

DOCUMENTATION

Once training has been conducted, a system of documentation is maintained. Documentation includes, at a minimum, each employee's name, job title, job description as it relates to hazardous waste management, and a description of the continuing training that will be conducted each year for each job description. A sample documentation sheet is provided as Attachment A. Records of the training are kept for current personnel until closure of the facility. Training records for past personnel are kept for three years from the date the employee last worked at this facility.

TRAINING PROGRAM OUTLINE
GENERAL OVERVIEW

DRAFT

I. Regulatory Requirements for Hazardous Waste Management

A. Segregation by Physical Separation at generating point and at accumulation area.

1. Incompatible Wastes
 - a. Different Containers
 - b. Separate Storage Areas
2. Hazardous from Non-Hazardous (Hazardous Waste Minimization)

B. Labeling

1. Hazardous Waste Label (See Figure 1)
 - a. Yellow and Black
 - b. Apply as soon as first drop of waste enters the container
 - c. Fill out all sections listed below immediately.
 1. Composition and Physical State
 2. Hazardous Properties
 3. U.S. Dot Description
 4. Generator's Name
 5. Address
 6. EPA Identification Number
 7. California Waste Number
 8. Accumulation Start Date
 - d. When drum/container is full, fill out
 1. Manifest Document Number

DRAFT

2. D.O.T.

- a. Apply when material is ready for shipment
- b. Corrosive
- c. Oxidizer

C. Container Requirements

- 1. D.O.T. - ~~17H drums~~ ^{34 drums} / or DOT 34 pails
- 2. Sealed when not in use and when stored or shipped
- 3. Free of holes, dents, rust or leaks
- 4. Weekly inspection

D. Accumulation Time

- 1. 90 Days from day ~~last~~ ^{FIRST} drop of waste is placed into the container
- 2. Waste must be shipped to a treatment, storage or disposal facility by the 90th day. Extensions may be granted by DOHS.

E. Storage Area

- 1. Only containers in good condition. Ruptured, dented, rusty drums are removed and placed in an oversized drum and spaces are filled with absorbent material
- 2. Weekly inspection for: adequate aisles, segregated wastes, maintenance and repair of emergency systems and equipment, presence of warning signs
- 3. Inspections must be documented in weekly log

MACDERMID LOSANGELES

NOV 04 '86 15:54

MACDERMID LOSANGELES

999 P04

*cc Gillis
Fowler
Monahan
P.K.*

October 31, 1986

TO: Tony Tranchida
✓ Carl Landon *CL*
Jerry Post

LAJ

FROM: Jim Tunnicliff

SUBJECT: Department of Health Services Compliance Update

I spoke with Ken Hughes of the Department of Health Services on Monday October 27, 1986. Purpose of the call was to update him on where we stood with the remainder of points mentioned in the Compliance Schedule. As background, I told him that the recent delays were because of my accident and our attorney being out of the country. I told Mr. Hughes that we were essentially on target and that the Closure Plan draft was awaiting review by Julian Gresser on his return. I further told him that Julian Gresser, Rich Fehler and myself would be meeting, hopefully, during the week of November 10, 1986 to review the entire compliance schedule, make any changes necessary and see what we could do to wrap up the whole thing by the end of November. Mr. Hughes said he would be pleased if we could complete it by the end of November. I told him we would contact him after our meeting for an update. He indicated he was satisfied with the progress to date.

On Thursday October 30, 1986 Chemical Waste Management indicated that the chrome was accepted and that finally the contract for disposal would be issued. Once the contract is signed we can contact Kettleman Hills site for pick up. I have also told Max Cohen that he could begin adding steam to the chrome tank. This is necessary to get the material in solution to facilitate pumping. It should be about 105-110 F to pump easily.

As I indicated in August, we have three drums of cyanide plating waste which was from lab samples and also some "retro grade" Code 9 cyanide compounds which we offered to Chemical Waste for evaluation for disposal. All of these have been rejected by Chemical Waste as having too high a concentration of cyanide. At this point I am at a loss as to how to dispose of these properly. I am requesting assistance from the D.O.H.S. on disposal.

Problem area

As regards the letter to Serge indicating his cooperation was crucial, I have sent the draft of that letter to Julian Gresser and Rich Fehler for review and changes.

Dept. of Health Services Update
October 31, 1986
Page 2

Going back to the problem relating to disposal of future accumulations of lab samples, we may have to look to alternatives because, in the foreseeable future cost for disposal may increase to \$400.00 per drum. And in the case of some, disposal may be prohibited altogether. About the only suggestion I can come up with now is to have the people who brought in the samples return them to the customer and put it back in the tank it came from. This probably wouldn't set well with the Sales people but it merits serious consideration. Also this kind of return would fit in nicely with the law which requires waste minimization.

Additionally, Southern California Chemical has been investigated by either the D.O.H.S. or E.P.A. and their values as a site for recycling of materials may be lost to us. I am not certain of this, however.

Jerry, you had mentioned the possibility of having someone from Waterbury conduct the needed training. You may want to once again discuss that with Tony and Carl. The advantage to that is that training would be consistent throughout the corporation.

PK Finally, there was legislation passed in May of this year which among other things requires providing specific formulation of hazardous materials to local fire departments or other agencies where we might store our materials. As you can imagine with approximately 125,000 gallons and 200,000 pounds of hazardous materials in the warehouse this will be a tedious, time consuming activity.

wrong - just similar to W&W

I will send another update to you after I have met with Julian Gresser and Rich Fehler. If you should have any questions please contact me.

Jim Runicoff

L H X F 96624 = 023

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C L A B D 1 0 1 7 1 0 1 7 1 2 1 2 1 2 1 3 1 4 1 5 1 6		Manifest Document No. 1 2 1 3 1 4 1 5 1 6	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address MacDermid, Inc. 5439 San Fernando Road West Los Angeles, CA 90039					A. State Manifest Document Number 86320250		
4. Generator's Phone (818) 240-9573					B. State Generator's ID		
5. Transporter 1 Company Name Chemical Waste Management, Inc.					C. State Transporter's ID 702770		
6. US EPA ID Number C L A B D 1 0 1 3 9 8 6 7 1 1 8					D. Transporter's Phone 65-725-709		
7. Transporter 2 Company Name					E. State Transporter's ID		
8. US EPA ID Number					F. Transporter's Phone		
9. Designated Facility Name and Site Address Chemical Waste Management, Inc. Kettleman Hills Facility 35251 Old Skyline Road Kettleman City, CA 93239					G. State Facility's ID 647000646117		
10. US EPA ID Number C L A B D 1 0 1 6 4 6 1 1 1 7					H. Facility's Phone 1-800-742-1671		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. Chromic Acid Solution, Corrosive Material UN1755 (Corrosive)				1 1 T T	2490	GL	111 State D002 EPA
b.							
c.							
d.							
J. Additional Descriptions for Materials Listed Above Service Contract LAX P96624-023				K. Handling Codes for Wastes Listed Above 16			
15. Special Handling Instructions and Additional Information Wear protective clothing, gloves, face shield							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.							
Printed/Typed Name James F. Tunnichliff				Signature <i>James F. Tunnichliff</i>		Month Day Year 1 2 10 12 18 16	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature <i>David Caldwell</i>		Month Day Year 1 2 10 12 18 16	
Printed/Typed Name David Caldwell				Signature <i>David Caldwell</i>		Month Day Year 1 2 10 12 18 16	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Month Day Year	
Printed/Typed Name				Signature		Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.							
Printed/Typed Name Stephen Pickell R.				Signature <i>Stephen Pickell</i>		Month Day Year 1 2 10 12 18 16	

paperwork rec'd at MacDermid on 12-8-86

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of /	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address MacDermid, Inc. 5439 San Fernando Road West Los Angeles, CA 90039		4. Generator's Phone (818) 240-9573		A. State Manifest Document Number 86320250	
5. Transporter 1 Company Name Chemical Waste Management, Inc.		6. US EPA ID Number CLAD1011017101712121		C. State Transporter's ID 702770	
7. Transporter 2 Company Name		8. US EPA ID Number CLAD1011017101712121		D. Transporter's Phone 818-240-9573	
9. Designated Facility Name and Site Address Chemical Waste Management, Inc. Kettleman Hills Facility 35251 Old Skyline Road Kettleman City, CA 93239		10. US EPA ID Number CLAT1010106461117		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID	
				H. Facility's Phone 1-800-742-1671	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. Chromic Acid Solution, Corrosive Material UN1755 (Corrosive)		1	TT	GL	111 State D002 EPA
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above Service Contract LAX P96624-023		K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information Wear protective clothing, gloves, face shield					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.					
Printed/Typed Name James F. Tunnickliff		Signature <i>James F. Tunnickliff</i>		Month Day Year 11 12 10 12 18 16	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <i>[Signature]</i>		Signature <i>[Signature]</i>		Month Day Year 11 12 10 12 18 16	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name					
Signature		Month Day Year			



Chemical Waste Management, Inc.

209/935-2043 • P.O. Box 1104
COALINGA, CA. 93210

WORK ORDER

P. U. C. T 75-669

24 HOUR RADIO DISPATCHED SERVICE

WORK ORDER No 48921

For Macdonald Inc
5439 Sutterman Dr Rd. West
Your Req. No. Lee Dinger Co.

Date 12-2-1986
Truck No. 1441 Size 120 Bbls.
Vac. ☒ Flat Bed ☐ Roll off ☐

TIME ON JOB
Time: From 4:30 a.m. to 5:30 p.m. Total Hours
Time: From 5:30 a.m. to 5:30 p.m.

LOADING TIME
Start 5:30 a.m. Finish 11:45 a.m. Total Hours
UNLOADING TIME
Start 5:30 a.m. Finish 5:30 p.m.

QUANTITY	LOADED AT	DELIVERED TO
	<u>Santand Chem</u>	<u>C.I. H.I.T. Site</u>
	<u>5439 Sutterman Dr Rd.</u>	<u>710 Hillman Rd</u>
	<u>L.A. Co.</u>	<u>Calif</u>
<u>2400</u>	<u>gal Acid Waste Liquid</u>	
	<u>Clean out Acid Tank</u>	
		Sales Tax \$

Driver [Signature] Hrs. Total Time @ \$ = \$
Received by [Signature] Total Price = \$

State Hazardous Waste Hauler Registration No. 021 E.P.A. No. CAD003986718

Waste profile sheet no. LAXF 96624 Waste Manifest No. PC 22250
023

WASTE MANAGEMENT, INC.

GENERATOR'S WASTE MATERIAL PROFILE SHEET

LAX
TSOR

F96624²³

GENERAL INFORMATION

R-2210

1500010181

GENERATOR NAME: SUNLAND CHEMICAL TRANSPORTER: _____
 FACILITY ADDRESS: 5447 SAN FERNANDO ROAD, WEST TRANSPORTER PHONE: _____
LOS ANGELES CA 90039 GENERATOR USEPA I.D. CAD309261059
 GENERATOR STATE I.D. _____
 TECHNICAL CONTACT: PETE KAUSTICKLIS TITLE: DC MGR PHONE: 78182409573
 NAME OF WASTE: CHROMIC ACID SOLUTION
 PROCESS GENERATING WASTE: CHROMIC ACID ETCHANT MANUFACTURE

B PHYSICAL CHARACTERISTICS OF WASTE

COLOR <u>DARK BROWN</u> <u>RED</u>	ODOR <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MILD <input type="checkbox"/> STRONG DESCRIBE: <u>CHROMIC ACID</u>	PHYSICAL STATE @ 70°F <input type="checkbox"/> SOLID <input checked="" type="checkbox"/> SEMI-SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> POWDER	LAYERS <input type="checkbox"/> MULTILAYERED <input checked="" type="checkbox"/> BI-LAYERED <input type="checkbox"/> SINGLE PHASED	FREE LIQUIDS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO VOLUME <u>40</u> %
PH. <input checked="" type="checkbox"/> < 2 <input type="checkbox"/> 7.1-10 <input type="checkbox"/> N/A <input type="checkbox"/> 2-4 <input type="checkbox"/> 10.1-12.5 <input type="checkbox"/> 4.1-6.9 <input type="checkbox"/> > 125 <input type="checkbox"/> 7 <input type="checkbox"/> EXACT _____	SPECIFIC GRAVITY <input type="checkbox"/> < .8 <input type="checkbox"/> 1.3-1.4 <input type="checkbox"/> .8-1.0 <input type="checkbox"/> 1.5-1.7 <input type="checkbox"/> 1.1-1.2 <input checked="" type="checkbox"/> 1.7 <input type="checkbox"/> EXACT _____	FLASH POINT <input type="checkbox"/> < 70°F <input type="checkbox"/> > 200°F <input type="checkbox"/> CLOSED CUP <input type="checkbox"/> 70°F - 100°F <input checked="" type="checkbox"/> NO FLASH <input type="checkbox"/> OPEN CUP <input type="checkbox"/> 101°F - 139°F <input type="checkbox"/> EXACT _____ <input type="checkbox"/> 140°F - 200°F		

C CHEMICAL COMPOSITION (TOTALS MUST ADD TO 100%)

<u>SODIUM</u>	<u>4.5</u> %
<u>SULFATE</u>	<u>44</u> %
<u>TRIVALENT CHROME</u>	<u>4.32</u> %
<u>HEXAVALENT CHROME</u>	<u>32.9</u> %
<u>ZINC</u>	<u>0.14</u> %
<u>WATER</u>	<u>53.24</u> %

D METALS

<input checked="" type="checkbox"/> TOTAL (PPM)	<input type="checkbox"/> EPA EXTRACTION PROCEDURE (mg/L)
ARSENIC (As) <u>0</u>	SELENIUM (Se) <u>0</u>
BARIUM (Ba) <u>0</u>	SILVER (Ag) <u>0</u>
CADMIUM (Cd) <u>0</u>	COPPER (Cu) <u>656</u>
CHROMIUM (Cr) <u>641.240 g/L</u>	NICKEL (Ni) <u>1.5</u>
MERCURY (Hg) <u>0</u>	ZINC (Zn) <u>2430</u>
LEAD (Pb) <u>46</u>	THALLIUM (Tl) <u>0</u>
CHROMIUM-HEX (Cr + 6) <u>576,300</u>	IRON (Fe) <u>190</u>

E OTHER COMPONENTS - TOTAL (PPM)

CYANIDES <u>0</u>	PCB'S <u>0</u>
SULFIDES <u>0</u>	PHENOLICS <u>0</u>

F SHIPPING INFORMATION

D.O.T. HAZARDOUS MATERIAL? ☒ YES ☐ NO
 PROPER SHIPPING NAME: CHROMIC ACID SOLUTION
 HAZARD CLASS CORR. MTL ID NO UN1755 R.O. 1000
 METHOD OF SHIPMENT: ☒ BULK LIQUID ☐ BULK SOLID
☐ DRUM (TYPE/SIZE) _____
 ANTICIPATED VOLUME: 2000 GALS. _____ CUBIC YARDS
 OTHER _____
 PER ☒ ONE TIME ☐ WEEK ☐ MONTH
☐ QUARTER ☐ YEAR

G HAZARDOUS CHARACTERISTICS

REACTIVITY: ☒ NONE ☐ PYROPHORIC ☐ SHOCK SENSITIVE
☐ EXPLOSIVE ☐ WATER REACTIVE ☐ OTHER _____
 OTHER HAZARDOUS CHARACTERISTICS
☒ NONE ☐ RADIOACTIVE ☐ ETIOLOGICAL
☐ PESTICIDE MANUFACTURING WASTE ☐ OTHER _____
 USEPA HAZARDOUS WASTE? ☒ YES ☐ NO
 USEPA HAZARDOUS CODE(S) D002
 STATE HAZARDOUS WASTE? ☒ YES ☐ NO
 STATE CODE(S) 111

H SPECIAL HANDLING INFORMATION

WEAR PROTECTIVE CLOTHING GLOVES, FACE SHIELD
PO # HH 285 ☐ ADDITIONAL PAGE(S) ATTACHED

I HEREBY CERTIFY THAT ALL INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS IS COMPLETE AND ACCURATE, AND THAT ALL KNOWN OR SUSPECTED HAZARDS HAVE BEEN DISCLOSED.

AUTHORIZED SIGNATURE _____ TITLE _____ DATE 1-1-86

SERVICE CONTRACT

NO. LAX F96624-023

CUSTOMER SERVICE LOCATIONSunland Chemical5447 San Fernando Road WestLos Angeles, CA 90039Attention: Jim TunnicliffCUSTOMER BILLING LOCATIONMacDermid Corporation5439 San Fernando RoadLos Angeles, CA 90039

CHEMICAL WASTE MANAGEMENT, INC. hereby agrees to provide services, including treatment and/or disposal, for waste material generated at the above CUSTOMER SERVICE LOCATION and as described in the attached WASTE MATERIAL PROFILE SHEET Number(s) LAX F96624-023. The described waste material will be treated and/or disposed of at the following facility(ies), which are permitted to receive the described waste material:

Kettleman Hills Facility
35251 Old Skyline Road
Kettleman City, CA 93239
EPA I.D. No. CAT-000-646-117

The method of treatment and/or disposal shall be:

Bulk liquid acids treated by neutralization and other restricted heavy metals contaminated liquids.

Disposer is authorized to reclaim, recover, sell, distribute or use the waste materials, their components or residues.

<u>DESCRIPTION OF SERVICES TO BE PROVIDED</u>	<u>UNIT</u>	<u>PRICE PER UNIT</u>
<u>Bulk Liquids: Transportation-Per Transportation Price List effective July 18, 1985. Disposal-Per Kettleman Hills Rate Schedule dated October 1, 1986.</u>		

NOTES: Unless noted, the above prices do not include applicable local, state or federal taxes which, if assessed, shall be invoiced to and payable by the customer on an actual cost basis. If customer is to supply the waste materials containers, Customer will be solely responsible for the appropriate construction, marking and labeling of the containers.

The prices shown or rate schedule referenced above are in effect from the day of the agreement unless modified by providing a minimum of thirty (30) days written notice. Payment terms: Net 30 days.



5439 SAN FERNANDO ROAD WEST • LOS ANGELES, CALIFORNIA 90039 • TELEPHONE (818) 240-9573

May 14, 1986

Mr. Kenneth Hughes
Surveillance and Enforcement Unit
Southern California Section
Toxic Substances Control Division
Department of Health Services
107 south Broadway, Room 7011
Los Angeles, CA 90012

Dear Mr. Hughes:

This letter summarizes the agreement reached today for MacDermid's compliance with your office's Notice of Violation dated April 16, 1986. My letter is based on the conclusion of our conversation today, in which our attorney, Julian Gresser in Washington and our environmental consultant, Shri Nandan of McKesson Environmental Services in Pleasanton, California, participated.

With respect to Count One, as indicated, MacDermid has now marked all containers visibly with the initial accumulation date of hazardous waste to permit the inspection of each container.

With respect to Count Two, MacDermid has now placed a label on all non-stationary containers in which hazardous wastes are stored. These labels now include information on 1) composition and physical state of the waste; 2) statement or statements to draw attention to the particular hazardous properties of the waste (e.g., flammable, reactive, and so forth); and 3) the name and address of the person or firm producing the waste.

The above actions should satisfy the requirements of Sections 66508(a)(2) and (c). MacDermid is now in full compliance with Counts One and Two.

With respect to Counts Three and Four, I have explained that it is possible that some manifest documents for the years 1984 and 1985 may be missing. I emphasize that this was not due to MacDermid's failure to prepare such manifests, but rather to the fact that some of these manifests may have been inadvertently misplaced, while they were being returned for review by the home office in Connecticut. I have already contacted our home office in Connecticut and have asked the person responsible there to begin a thorough

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search for the missing manifests. I will do whatever is possible to recover these manifests. If I am unable to recover the manifests in Connecticut, we have agreed that MacDermid will be responsible for producing these manifests, or their functional equivalents, through archival research in Sacramento. I understand that you wish to review manifests covering the years 1983 to the present, and we will exert our best efforts to produce the information that you require within sixty days from the date of this letter as you have requested.

With particular reference to Count Three, you have agreed that MacDermid may limit its efforts to the submission of the Biennial Report for 1985. You have kindly allowed us an additional thirty days after the end of the sixty days allotted for submission of the manifests for the years 1983 to the present, and we have agreed that a ninety-day time period for the submission of the 1985 Biennial Report will give us sufficient time for its preparation.

With respect to Count Five, we understand that your particular concern is with regard to the manifests for chromic acid. We have agreed that we will produce manifests for chromic acid for the above time period and will alert you within sixty days if we are unable to produce any manifests.

Since the remaining part of our compliance program depends upon MacDermid's recent decision to close its Treatment Storage and Disposal Facility (TS&D), I would like to focus now on Counts Fourteen and Fifteen before returning to Counts Six through Thirteen.

With regard to Count Fourteen, we have agreed that MacDermid will prepare a complete and satisfactory Closure Plan by the end of this calendar year. Further, we have agreed that well before the end of this year, MacDermid will prepare a draft of its Closure Plan and submit this draft to you for your comments and suggestions, by October 1, 1986.

With regard to Count Fifteen, our final Closure Plan will include a full estimate of Closure Costs, which will equal the cost of closure at the point of the facility's operating life as required by Section 67002(a).

With regard to Count Six, we have agreed that it will not be necessary for MacDermid to prepare records and plans required for its Interim Status Document (ISD) in that MacDermid has terminated its activities as a Treatment, Storage and Disposal Facility as of January 1986. MacDermid will continue to prepare and maintain records appropriate to its continuing activity as a processor and as a generator and storer of laboratory wastes, and pursuant to your request will revise its Part A application - to be completed by July 15, 1986.

/continued

Letter to Mr. Kenneth Hughes

May 14, 1986

Page Three

With regard to Count Seven, we have agreed that it will not be necessary for MacDermid to maintain documentation of personnel training suitable for a treatment storage and disposal facility. Rather, MacDermid will develop a program of personnel training that is appropriate to its continuing activity as a generator of laboratory wastes, and will make its program for personnel training an integral part also of its Contingency Plan described below. MacDermid will henceforth take all necessary steps to educate and to train its personnel to perform their duties in a way that will ensure the facility's continuing compliance with the requirements of personnel training appropriate to its current activities.

With respect to Count Eight, we have agreed that analysis of all documented wastes will be addressed in any event by MacDermid's Operation Manual and that when MacDermid's Closure Plan is approved, such approval will be deemed to satisfy also MacDermid's compliance with Count Eight.

With respect to Count Nine, MacDermid has already placed signs with a legend "Danger - Hazardous Waste Area - Unauthorized Personnel Keep Out", in English and Spanish (and other languages predominant in the area) in all appropriate parts of its facility to warn all personnel and other persons of any risks to health and environment from the premises. MacDermid has also agreed to attach such a sign on the back gate of the building. We believe that MacDermid is now in full compliance with the requirements of Section 67103 (a) and (c).

With respect to Count 10, we have agreed that MacDermid will continue to maintain a written operating record focusing on its on-going laboratory work. You have agreed that it will not be necessary for MacDermid to maintain a written operating record as a treatment storage and disposal facility, since MacDermid has discontinued this activity.

With respect to Count Eleven, we have agreed that MacDermid will prepare a comprehensive Contingency Plan that fully satisfies Section 67141 d and e. This plan will include a list of all emergency equipment at the facility (such as fire extinguisher systems, spill control equipment, communications and alarm systems [internal and external] decontamination equipment, and other necessary equipment). The list will be kept up to date and will include the location and physical description of each item on the list and a brief outline of its capabilities. The Contingency Plan will also contain the names and addresses and phone numbers, home and office, of all emergency coordinators. It will contain a list and location of all emergency equipment and alarms.

Our proposed time schedule for the preparation of MacDermid's contingency plan is as follows:

/continued

Letter to Mr. Kenneth Hughes
May 14, 1986
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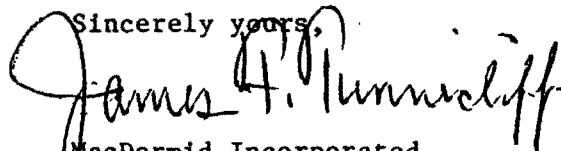
With respect to Count Twelve, MacDermid has agreed henceforth to introduce a program of weekly inspections of its facility and to maintain a signed inspection log as proof of such weekly inspections. These inspections shall include review of all stored containers and secondary containment dike walls or berms with particular attention to leaking containers, deterioration of containers, and damage to containers caused by corrosion and other factors. MacDermid will prepare and maintain a checklist which it will use during these inspections and will include the results as part of its documented proof of such weekly inspections. Whenever MacDermid discovers any evidence of damage to its containers or other equipment during such weekly inspections, it will use its best efforts immediately to remedy such problems and will maintain a full account of its documented record of such remedial actions.

Finally, with respect to Count Thirteen, MacDermid now fully understands its responsibilities to maintain full and accurate documentation with regard to any hazardous waste that cannot be accounted for. As noted, MacDermid will maintain full and complete manifests of all waste generated and sent out of its facility and will maintain full and complete TSD blue copies from recipients of its waste. These copies will be kept in correct chronological order and placed together with the appropriate manifest for any required review.

In conclusion, I wish to emphasize that MacDermid now fully understands its legal responsibilities and intends to comply not only with the strict letter but also with the spirit of the state's environmental regulations. As evidence of our intention, we have retained Julian Gresser, who has an established international reputation as an environmental expert, is the author of a major treatise on environmental law and was also a professor of environmental law at Harvard Law School. Further, we have also retained as consultants one of the leading environmental and engineering firms, McKesson Environmental Services, that will provide expert assistance throughout the preparation of our Contingency and Closure Plans and will offer close and continuing advice and guidance in our compliance program.

I hope our response is satisfactory. If you have any questions in the regard of MacDermid's compliance program, please do not hesitate to call.

Sincerely yours,



MacDermid Incorporated
James F. Tunnicliff
West Coast Manufacturing
and Distribution Manager

JFT/be

Attachment

cc: Mr. Shri Nandan
Mr. Julian Gresser

COMPLIANCE SCHEDULE

Reference to April 17th, Notice of Violation from DOHS to MacDermid

<u>VIOLATION</u>	<u>ACTIVITY</u>	<u>COMPLETION DATE</u>
Count 1	Storage over 90 days	Completed
Count 2	Labeling	Completed
Count 3	Biennial Report	August 15, 1986
Count 4	Retrieve Manifest	July 15, 1986
Count 5	Chromic Acid Manifest	July 15, 1986
Count 6	Revise Part A Application	July 15, 1986
Count 7	Personnel Training	August 15, 1986
Count 8	Waste Analysis Plan	December 31, 1986
Count 9	Signs & Security	Completed
Count 10	Operations Log	July 15, 1986
Count 11	Contingency Plan	October 1, 1986
Count 12	Inspection Logs	July 15, 1986
Count 13	Exception Report if Applicable	Ongoing Compliance
Count 14	Closure Plan Draft	October 1, 1986
Count 15	Closure Plan Final	December 31, 1986

MacDERMID, INC.
HAZARDOUS WASTE
TRAINING PROGRAM
OCTOBER 1, 1986

McKesson

McKesson Environmental Services, Inc.

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HAZARDOUS WASTE TRAINING

INTRODUCTION

This document addresses the personnel training requirements specified in Article 18, Section 67105 of the State of California's Hazardous Waste Management Regulations. The purpose of personnel training is to ensure facility compliance with these regulations during normal operations and in emergency situations. Each MacDermid facility employee is trained in the general requirements for hazardous waste management. This information is presented in three sections.

- I. Regulatory Requirements for Hazardous Waste Management.
- II. Chemical and Physical Hazards of the Hazardous Waste Produced at MacDermid.
- III. Emergency Response

Additional training is provided for laboratory personnel, hazardous waste drum handlers and their supervisors. The information provided in this training is specific to the hazardous waste activities these employees perform as a part of their job.

Laboratory personnel training includes the laboratory's procedures for:

- I. Waste Sample Logging
- II. Container Labeling and Storage
- III. Sample Segregation

Additional training for hazardous waste drum handlers explains:

- I. Accumulation Area Container Requirements
- II. Procedures for Moving Drums of Hazardous Waste

DOCUMENTATION

Once training has been conducted, a system of documentation is maintained. Documentation includes, at a minimum, each employee's name, job title, job description as it relates to hazardous waste management, and a description of the continuing training that will be conducted each year for each job description. Sample documentation sheets are provided. Records of the training are kept for current personnel until closure of the facility. Training records for past personnel are kept for three years from the date the employee last worked at this facility.

Documentation of Hazardous Waste Training

Each job title at the MacDermid facility has been described below in terms of it's hazardous waste activities. Training of new employees is conducted within 6 months of employment. Until that time, untrained employees do not work unsupervised. Retraining is conducted on an annual basis. This training is modified each year to reinforce basic, in-plant hazardous waste management procedures and to include updated information on the hazards and regulations associated with MacDermid's wastes.

JOB DESCRIPTIONS

Title: Warehouse Supervisor

Job Description: Responsible for ensuring aisle space around the hazardous waste accumulation area. Also responsible for ensuring proper placement of waste drums in the accumulation area and for reporting any unusual occurrences to the Hazardous Waste Manager.

Title: Warehouse Driver/Stock Chaser

Job Description: Responsible for maintaining proper aisle space and for placing drums of waste so that labels are visible in accordance with the Hazardous Waste Training.

TRAINING PROGRAM OUTLINE

GENERAL OVERVIEW

I. Regulatory Requirements for Hazardous Waste Management

A. Segregation by Physical Separation at generating point and in the accumulation area.

1. Incompatible Wastes
 - a. Different containers
 - b. Separate storage areas*.
2. Hazardous from Non-Hazardous (Hazardous Waste Minimization)

B. Labeling

1. Hazardous Waste Label
 - a. Yellow and Black
 - b. Apply as soon as first drop of waste enters the container.
 - c. Fill out all sections listed below immediately:
 - i. Composition and Physical State
 - ii. Hazardous Properties
 - iii. U.S. DOT Description
 - iv. Generator's Name
 - v. Address
 - vi. EPA Identification Number
 - vii. California Waste Number
 - viii. Accumulation Start Date

* Storage Area means the places the sample or wastes are kept prior to being moved to the < 90 day accumulation area.

- d. When drum/container is full, fill out
 - i. Manifest Document Number
- 2. D.O.T.
 - a. Apply when material is ready for shipment
 - b. Corrosive
 - c. Oxidizer
- C. Container Requirements
 - 1. D.O.T. Approved
 - 2. Sealed when not in use and when stored or shipped
 - 3. Free of holes, dents, rust or leaks
 - 4. Inspect weekly
- D. Accumulation Time
 - 1. 90 days from day first drop of waste is placed into the container
 - 2. Waste must be shipped to a treatment, storage or disposal facility by the 90th day. Extensions may be granted by DOHS
- E. Storage Area Requirements
 - 1. Only containers in good condition. Ruptured, dented, rusty drums are removed and placed in an oversized drum and spaces are filled with absorbent material.
 - 2. Weekly inspection for:
 - a. Adequate aisles
 - b. Segregated wastes
 - c. Maintenance and repair of emergency systems and equipment
 - d. Presence of warning signs
 - 3. Inspections must be documented in weekly log

II. Emergencies - See Contingency Plan for Additional Information

A. Fire/Explosion of Hazardous Waste

1. Do not enter the area without respiratory protection
2. Remember hazards of each waste: acid fumes, cyanide gas (See Table 1)
3. If possible to do safely, determine source of fire/explosion.
4. Evacuate building via evacuation plan guidelines
5. Notify emergency coordinator
6. Call:

Fire Department (9-911 or 9-384-3131)

Surrounding Plants or Businesses that may be effected
(see Table 2)

Emergency Response Contractors
(Attachment B)

Local Hazardous Materials Teams

B. Spill - No Fumes

1. Stop or contain if it's possible to do safely.
 - a. Roll drum to stop leak
 - b. Plug leaking drum
 - c. Shut off feed lines (if applicable) to tanks/drums
 - d. Surround spill with a compatible absorbent material

Note: Fluboric Acid is incompatible with some absorbents.

2. Identify leaking material
 - a. What are the hazards?
 - i. Neutralize acid/base before absorbing
 - ii. Keep acids away from bases, cyanides
 - iii. Keep all corrosives away from water

- iv. If Fluoboric Acid Waste make sure absorbent is compatible.

3. Clean-up immediately

- a. Absorb neutralized waste
- b. Sweep/shovel absorbed waste into labeled recovery drum
- c. Label will depend on type of waste
(Was treatment necessary to neutralize?)
- d. Seal drum and place in accumulation area
- e. Rinse spill area with water, absorb and place in labeled recovery drum
- f. For Cyanide spills, final rinse with 10% solution of Hypochlorite, absorb and place in recovery drum
- g. Wear protective clothing when treating/neutralizing.

- C. Large spill - fumes

1. Do not enter area until fumes have cleared
2. Wear the following protective equipment when cleaning up spill:
 - a. Full face respirator with appropriate cartridges
 - b. Chemical resistant, arm length gloves
 - c. Rubber apron
 - d. Chemical resistant rubber boots
3. Stop spill if possible
4. Surround with absorbent
5. Neutralize, absorb and place in recovery drum
6. Rinse area with water, collect rinsate with absorbent and place in recovery drum
7. Final rinse of Hypochlorite solution if waste contained Cyanide.

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- VI EVACUATION PLAN
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- VIII INVENTORY OF HAZARDOUS MATERIALS
- IX RECORD OF REVIEWS AND SUBMISSIONS

ATTACHMENTS

- A Facility Map(s) Showing Emergency Equipment Locations
- B Facility Map(s) Showing Evacuation Plan (Primary and Alternate Routes)
- C Annotated site map showing:
 - (1) Site layout (See Part VIII. K.1)
 - (2) Facility (See Part VIII. K.2)

EMERGENCY RESPONSE PLAN

I. INTRODUCTION

[Insert name of business] has prepared this Emergency Response plan to ensure preparedness to minimize hazards to human health and safety, property, and the environment from emergencies such as fires, explosions or hazardous material spills.

The plan includes elements required by the following regulations:

- Hazardous Materials Release Response Plans and Inventory Law, Ch.6.95 of the Health & Safety Code
- Cal/OSHA Emergency Action Plan, CAC Title 8, Section 3220
- DOHS Contingency Plan and Emergency Procedures, CAC Title 22, Div. 4, Ch. 30, Article 20
- EPA Notification Requirements, 40 CFR Part 302

This plan applies to the following facility:

[Insert Name and Address - Separate plan for each facility]

The plan will be reviewed and amended as required whenever:

- applicable regulations are revised,
- the plan fails in an emergency,
- the facility is changed in any significant aspect of its design, construction, operation, maintenance, or other circumstance which increases the potential for fire, explosion, or unauthorized discharge of hazardous materials or which significantly affects the response necessary in an emergency, or
- the names, contacts, telephone numbers, etc. change.

The plan will be re-submitted within 30 days, when modifications are made, to the appropriate agencies (eg. Administering Agency, local emergency response personnel, and nearest medical facility). In any case, this plan will be reviewed at least once every two years, to determine if a revision is needed. Certification that the review was made, and any necessary changes, will be submitted to the Administering Agency.

II. IN-HOUSE EMERGENCY CONTACTS AND RESPONSIBILITIES

A. Emergency Coordinator

If an emergency develops, the primary emergency coordinator must be contacted immediately. If the primary coordinator is not available, the alternate must be called.

PRIMARY EMERGENCY COORDINATOR:

Title:

Name:

Address:

Business Phone:

Home Phone:

Beeper: (if applicable)

ALTERNATE EMERGENCY COORDINATOR:

Title:

Name:

Address:

Business Phone:

Home Phone:

Beeper: (if applicable)

[add additional alternates if desired]

The following criteria were used in selecting the emergency coordinator: At all times, the emergency coordinator or an alternate must be on the facility premises or available to respond to an emergency by reaching the facility within a short period of time. The emergency coordinator is responsible for coordinating all emergency response measures and must be familiar with all aspects of this plan, all operations and activities at the facility, the location and characteristics of hazardous material/waste handled, the location of all records within the facility and the facility layout. The emergency coordinator must have the authority to commit the resources needed to carry out emergency response actions.

B. Emergency Response Team (ERT) [If applicable]

The ERT is a carefully selected group of individuals that have received additional, specialized training on response to emergencies (including training on the use of SCBA). The members of the ERT are qualified and prepared to assist the Emergency Coordinator in alleviating an emergency prior to the arrival of outside support. [Also describe rescue and medical duties.] Members of the ERT (usually one per building) are listed in part III.A of this plan.

III. NOTIFICATIONS AND COMMUNICATIONS

A. Notifications

Name/Address/Phone

Criteria for Notifying

Local Administering Agency
for 2185 & 2187

Name:

Address:

Phone #:

Immediate verbal report
of any release or
threatened release of a
hazardous material
(contact agency for
definition)

California Office
of Emergency Services
2800 Meadowview Road
Sacramento, CA 95832
(800) 852-7550
(916) 427-4341

Immediate verbal report
of any release or
threatened release of a
hazardous material, fire
or explosion which could
threaten human health or
the environment

California Department
of Health Services
Hazardous Waste
Management Branch
2151 Berkeley Way
Berkeley, CA 94704
(415) 540-2043

Written report within 15
days of any incident
which requires
implementing any portion
of this plan involving
hazardous waste

National Response Center
Washington, D.C.
(800) 424-8802

Report within 24 hours
any release of hazardous
materials equal to or
exceeding the reportable
quantity (See 40 CFR Part
302)

Fire Department

Name:

Address:

Phone #:

[Fill in criteria as
applicable for facility]

Police Department:

Name:

Address:

Phone #:

[Fill in criteria as
applicable for facility]

Local Emergency Medical Assistance:

Name: [Fill in criteria as
Address: applicable for facility]
Phone #:

Emergency Response Teams(s)

Name(s): [Fill in criteria as
Address(es): applicable for facility]
Phone #('s):

Hazardous Waste Hauler

Name: [Fill in criteria as
Address: applicable for facility]
Phone #:

Equipment Suppliers(s)

Name: [Fill in criteria as
Address: applicable for facility]
Phone #:

B. Methods of Notification (eg. telephone, verbal, radio, alarms, etc.)

Fire:

Medical Emergency:

Hazardous Material Spill:

C. Reporting Guidelines

1. When reporting a release or threatened release of hazardous materials, a fire or an explosion, include as a minimum:
 - (1) name and telephone number of the person making the report,
 - (2) name and address of the facility,
 - (3) exact location of the release, threatened release, fire or explosion,
 - (4) time and type of incident (eg. release, fire),
 - (5) name and quantity of material(s) involved, to the extent known,
 - (6) the extent of injuries, and
 - (7) the potential hazards to human health or the environment outside the facility.

2. Written report regarding incidents involving hazardous waste to the Department of Health Services must include:
 - (1) name, address and telephone number of the owner or operator,
 - (2) name, address and telephone number of the facility,
 - (3) date, time and type of incident (eg. fire, release, explosion),
 - (4) name and quantity of material(s) involved,
 - (5) the extent of injuries, if any,
 - (6) an assessment of actual or potential hazards to human health or the environment, where this is applicable, and
 - (7) the estimated quantity and disposition of recovered material that resulted from the incident.

D. Description of Alarm System(s): (eg. alarm signals, announcement over PA system, etc.)

Fire:

Evacuation:

Other:

IV. ACTION PLANS FOR EMERGENCY RESPONSE

A. General

In an emergency situation, stay calm and summon help as needed. If evacuation is necessary, follow the evacuation route for the zone where you are located. Evacuation routes are specified in part VI.B of this plan. This map is also posted in each building. In case of evacuation, assemble at the location described in part VI.C of this plan.

B. Fire

In case of fire, locate the nearest fire pull box (see part V.A and facility map(s) for locations) and sound the fire alarm. If the fire is very small, such as in a trash can, you may be able to put the fire out with a fire extinguisher. Do not

attempt to extinguish a large fire as fire extinguishers have limited capacities and improper use of a fire extinguisher can aggravate the situation.

If the fire is too large to fight safely, or if it involves the burning of chemicals or chemical waste, evacuate the building immediately. Or, if you hear the fire alarm, evacuate according to the evacuation plan (see part VI.A).

C. Explosion

If an explosion occurs, immediately evacuate the facility following the procedures outlined in part VI. of this plan. Do not re-enter the area until directed to do so by the Emergency Coordinator.

D. Earthquake

In the event of an earthquake, stay indoors and take cover under a desk, in a doorway, or against an inside wall. Stay away from windows and light fixtures. As soon as possible after a major quake, the Emergency Coordinator/Response Team will shut off the gas and electricity at the control locations.

When the quake has ceased, all personnel should meet at the designated assembly point, if safe to do so, to determine if everyone is well and accounted for. (See Section VI.C.)

E. Personal Injury or Illness

1. Critical First Aid:
[Describe procedures, who to notify and how-- as in part III. A & B-- and list individuals trained and qualified to give first aid.]
2. Emergency Medical Treatment:
[Describe procedures, who to notify and how-- as in part III. A & B-- and the name of the nearest emergency medical facility.]
3. Chemical Exposure First Aid:
In case of inhalation, ingestion, skin or eye contact with chemicals, consult the MSDS for immediate first aid treatment. After initial first aid, seek medical attention as described in part IV.E2 above. Typical first aid procedures for chemical exposures are as follows:

Inhalation - Remove to fresh air. Give artificial respiration if not breathing. In some cases, a qualified operator may administer oxygen.

Skin Contact - Immediately flush skin with lots of running water for at least 15 minutes. Remove contaminated clothing and shoes while flushing with water.

Eye Contact - Immediately flush eyes with lots of running water for at least 15 minutes, lifting the upper and lower eyelids occasionally.

Ingestion - Treatment varies depending on chemical; consult MSDS.

NOTE: First aid varies according to chemical-- always consult the MSDS.

Your supervisor and the Personnel Department must be notified of all injuries.

F. Hazardous Material/Hazardous Waste Spill or Release

Cleanup actions will vary depending on chemicals at the site. General procedures are given here; more details should be added as appropriate. For individual chemicals, consult the MSDS for specific cleanup methods.

When a chemical spill occurs, clean up the spill quickly and safely. Keep all unnecessary personnel away from the area. In the event of a major spill, notify your supervisor and the Emergency Coordinator for help with the cleanup. The following is a guide for safe spill cleanup and decontamination:

1. Determine identity and quantity of material spilled or released.
2. Don appropriate personal protective equipment. At a minimum, protective gloves impervious to the spilled material should be worn during spill cleanup. The need for additional protective equipment, such as a respirator, will depend on the nature of the spill. Ask your supervisor for guidance if you are unsure of what personal protective equipment to use.

3. Prevent further leakage by adjusting container, patching container, closing valve, turning off pump, or other means.
4. Contain liquid spills by encircling the spill area with absorbent material. Dike around drains where appropriate. If possible, cover nearby storm sewers or drains with mats, being careful to choose a material compatible with the waste or chemical spilled and then cover the mats with sand to seal.
5. In case of acid or base spills, neutralize by slowly adding sodium bicarbonate. Care must be taken because the reaction can produce heat.
6. Soak up spilled liquid with absorbent material.
7. Contain dry spills by placing a tarp over the spilled material.
8. Clean up dry spills by carefully sweeping up material, while rolling up tarp.
9. Place contaminated absorbent or spilled material into a leakproof drum or heavy duty plastic bag.
10. Label the drum or bag as to its contents and identify as "HAZARDOUS WASTE".
11. Contact [insert name] for guidance on disposing of the waste.
12. Notify your supervisor that the spill or release occurred, if you haven't already.

A large chemical spill, or spill of highly toxic chemicals may require evacuation of the building using the procedures outlined in part VI.A of this plan. Trained and authorized personnel (such as the Emergency Response Team or Emergency Response Contractors) may enter the area wearing maximum protective equipment if instructed to do so by the Emergency Response Coordinator.

ALL SPILLS, RELEASES, AND THREATENED RELEASES MUST
BE REPORTED, USING CRITERIA IN PART III OF THIS
PLAN.

A threatened release is a release that would have occurred if certain control measures were not taken.

G. Other

Add procedures for any other possible contingencies; this will be site-dependent.

V. EMERGENCY RESPONSE SUPPLIES AND EQUIPMENT

A. List Location and Facility Layout

<u>Equipment/Supplies</u>	<u>Location</u>
	[Identify on facility map(s)]

Portable fire extinguishers and
fire control equipment

Spill control supplies/equipment [list]

Decontamination/cleanup supplies [list]

Water supply, foam or sprinkler
system

Personal protective equipment [list]

First aid kit/supplies

Emergency Response Guidebook,
MSDS's or other chemical
references

Large exhaust fan or other means of
providing additional ventilation in
case of chemical spill

B. Emergency Equipment Maintenance/Testing

Description of maintenance program, testing procedures
and frequency, and designation of responsibilities.

VI. EVACUATION PLAN

A. Description of evacuation procedures (step-by-step
procedures):

- B. Facility layout with primary and alternate evacuation routes designated and exits specified (attachment)
- C. Procedure for accounting for all employees after evacuation - designation of assembly point (consider prevailing wind patterns):
- D. Procedure for employees remaining after evacuation (if required to operate critical plant operations)
- E. Evacuation Drills

Unannounced evacuation drills will be conducted periodically (at least quarterly) to assure that all personnel are familiar with evacuation procedures, and to identify potential problems with the plan during a real emergency.

VII. EMERGENCY RESPONSE TRAINING

- A. Description of Training (Training Plan) including Refresher Training (on an annual basis). The program will include, at a minimum, training on the following:
 - (1) methods for safe handling of hazardous materials,
 - (2) procedures for coordination with local emergency response organizations,
 - (3) use of in-house emergency response equipment and supplies, and
 - (4) the details of this Emergency Response Plan, such as who to notify, action plans for emergency response, and evacuation procedures.
- B. Documentation Forms

VIII. INVENTORY OF HAZARDOUS MATERIALS

The inventory must include at a minimum:

- A. Full name of business or facility
- B. Phone number of facility or business
- C. Name of operator or owner of facility
- D. Standard Industrial Classification Code, if applicable
- E. Actual address of facility or business

- F. Size of facility in square feet*
- G. Number of employees*
- H. The principle business activity or description of business, for example, plating operations, manufacturing of [specify product], materials storage, etc.
- I. Emergency Response Coordinator and Alternate. Include name, title, and 24-hour phone numbers for business and nonbusiness hours for each person.
- J. Inventory statement, showing a complete list of the hazardous materials handled on site. Include: (1) chemical name and Chemical Abstracts Service number or waste category and composition; (2) Four digit DOT ID number*; (3) common trade names; (4) maximum amount handled at any one time; and (5) total estimated amounts of each hazardous waste handled over the year*
- K. Attach an annotated site map showing:
 - 1. Site layout
 - a. scale of map
 - b. site orientation (north,south,etc.)
 - c. loading areas
 - d. parking lots
 - e. internal roads
 - f. storm and sewer drains
 - g. adjacent property use
 - h. locations and names of adjacent streets and alleys
 - i. access and egress points
 - 2. Facility
 - a. location of each hazardous material handling area and which materials are handled in each area
 - b. type of storage, including above ground, below ground and partially buried (such as, storage tanks, barrels, process tanks, drums, pallets, cylinders, pipelines, rail cars, truck trailers, etc.)
 - c. location of containment systems*
 - d. location of emergency response equipment, such as equipment for fire suppression, approach and mitigation, protective clothing, medical response, etc.

The inventory will be completed annually and submitted to the administering agency.

* This requirement depends on the Administering Agency for AB 2185 and 2187, and may not be applicable.

IX RECORD OF REVIEWS AND SUBMISSIONS

Review/Revision/
Approval/Preparation

Submitted to:

Date

Initial Preparation by:

August 14, 1986

TO: Tony Tranchida
Carl Landon
Jerry Post

FROM: Jim Tunnickliff

SUBJECT: Department of Health Services Compliance Update

We are proceeding with the Compliance Schedule (enclosed) which was developed in May by MacDermid, McKesson, and Nutter, McClennen & Fish and subsequently approved by Kenneth Hughes of D.O.H.S..

Enclosed also is the information which was given to D.O.H.S. on July 15, 1986 to meet the compliance deadlines for that date. As you can see from the enclosures, we did retrieve copies of manifests that D.O.H.S. had on file in Sacramento. However, I know that there are still some missing from customers who shipped material back to us from out of state in 1985. McKesson is trying to see if they can contact the agencies in these other states to complete our records. Until we are satisfied that we have all manifests the biennial report which is due on August 15 will not be fully accurate. There are probably only four (4) missing manifests at this time. We will have to ask the D.O.H.S. for an extension to complete the report. All of the other compliance deadlines should be met on schedule.

As regards the disposition of the wastes, here is an update:

1. Chemical Waste Management picked up a sample of the bulk chrome solution on Wednesday - August 6, 1986 and indicated results and cost estimate would be available in about three weeks.
2. 14 x 55 gals. of solder stripper tank cleanout solution were manifested by Sunland to Southern California Chemical in July.
3. 5 x 55 gals. of nickel plating solution from the lab will be transported to Southern California Chemical on August 19. (Samples of these solutions were first submitted to S.C.C. in April with approval coming in July).

173.244
173.245
Kaw - 88-1

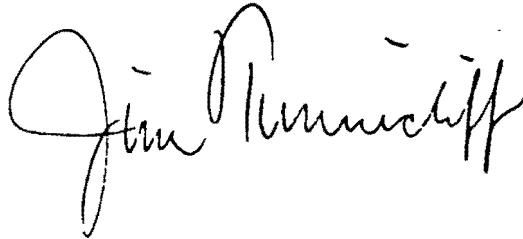
Department of Health Services Compliance Update
August 14, 1986
Page 2

4. While investigating Code 9 RMR disposal of cyanide materials in the warehouse, I "discovered" two additional drums of lab cyanide wastes which were not picked up on the D.O.H.S. investigation.

I will submit a sample of these to Chemical Waste Management. Method of treatment will be cyanide destruction with resultant disposal of the treated waste.

Our next compliance deadline is scheduled for October 1, 1986 at which time we should be nearly in full compliance.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jim Rinnick". The signature is written in dark ink and is positioned to the right of the "Sincerely," text.

/be

Enclosures

COMPLIANCE SCHEDULE

Reference to April 17th, Notice of Violation from DOHS to MacDermid

<u>VIOLATION</u>	<u>ACTIVITY</u>	<u>COMPLETION DATE</u>
Count 1	Storage over 90 days	Completed
Count 2	Labeling	Completed
Count 3	Biennial Report	August 15, 1986
Count 4	Retrieve Manifest	July 15, 1986
Count 5	Chromic Acid Manifest	July 15, 1986
Count 6	Revise Part A Application	July 15, 1986
Count 7	Personnel Training	August 15, 1986
Count 8	Waste Analysis Plan	December 31, 1986
Count 9	Signs & Security	Completed
Count 10	Operations Log	July 15, 1986
Count 11	Contingency Plan	October 1, 1986
Count 12	Inspection Logs	July 15, 1986
Count 13	Exception Report if Applicable	Ongoing Compliance
Count 14	Closure Plan Draft	October 1, 1986
Count 15	Closure Plan Final	December 31, 1986

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

SACRAMENTO, CA 95814

(916) 322-2337



July 9, 1986

Richard Fehler, Manager
Regulatory Affairs
McKesson Environmental Services, Inc.
P. O. Box 9019
Pleasanton, CA 94566

Dear Mr. Fehler:

This is in response to your letter dated June 20, 1986, requesting copies of hazardous waste manifests received by the Department of Health Services from MacDermid Incorporated. Enclosed are the official manifest copies for 1983, 1984 and 1985 where MacDermid was either the generator or a TSDF.

There may be a few more manifests available for 1983 and 1984, however, it will take further research in order to locate them. If additional manifests are located, they will be provided to you in approximately two weeks. At that time I will give you the total amount due the Department for photocopying the manifests.

If you have any questions, you may call me at (916) 324-1785.

Sincerely,

A handwritten signature in cursive script that reads 'Judy Horn'.

Judy Horn
Hazardous Waste Information
System Unit

Enclosures

McKesson
7622-ES

*See Ben &
Tony
Cont Plan*

July 11, 1986

Mr. James Tunnickliff
MacDermid, Inc.
5439 San Fernando Road West
Los Angeles, CA 90039

Dear Jim:

I have enclosed a letter to Ken Hughes for your review, and have also sent a copy to Julian. You can send the letter as is, or make changes and retype on your letterhead.

In response to our DOHS July 15, deadline, we should include the following attachments with the letter:

- o Attachment 1 - Copy of our compliance schedule;
- o Attachment 2 - Manifest copies from DOHS;
- o Attachment 3 - Revised Part A. I have enclosed a blank copy for you to complete;
- o Attachment 4 - Waste drum log forms;
- o Attachment 5 - Weekly inspection forms.

I will be in the office Monday. Let me know if you have any questions.

Sincerely,

RF
Richard Fehler
Manager, Regulatory Affairs

*& Cont Plan
when is it*

cc: Julian Gressen

RF/th

Enclosure

McKesson

7622-ES

July 11, 1986

Mr. Kenneth Hughes
Surveillance and Enforcement Unit
Southern California Sector
Toxic Substances Control Division
Department of Health Services
107 South Broadway, Room 7011
Los Angeles, CA 90012

RE: MacDermid, Inc. Compliance
Schedule Status Report

Dear Mr. Hughes:

This letter contains information concerning MacDermid's progress in meeting the compliance schedule as agreed to and set out in MacDermid's letter to you dated May 14, 1986. The schedule is included as Attachment 1. The status of items to have been completed by July 15, 1986 follows:

o Counts 4 and 5 Manifest Retrieved

In order to complete MacDermid's manifest record for the years 1983, 1984, and 1985, the Department of Health Services (DOHS), in Sacramento was contacted to obtain copies of all manifests on file. Attachment 2 contains DOHS's response to our request, as well as copies of all manifests recieved (59 manifests). If additional manifest copies are recieved from DOHS, they will be furnished to your office. Copies of all manifests are now on file at MacDermids office.

o Count 6 Revise Part A

Attachment 3 contains a copy of MacDermids revised Part A, reflecting generator-only status. This form will be filed at the following address, as soon as MacDermids closure plan is approved by DOHS:

EPA Region 9
CSC (T-1-2)
215 Fremont Street
San Francisco, CA 94105

July 11, 1986
MacDermid, Inc.
Page Two

o Count 10 Operations Log

In keeping with MacDermid's current status as a generator-only of laboratory wastes, Attachment 4 is a copy of the log sheet developed by MacDermid to record the amounts and types of waste samples that are accumulated in 55-gallon drums for storage less than 90 days. Each 55-gallon drum has a corresponding log sheet showing what has been put into the drum. The completed forms are maintained in MacDermid's waste files.

Count 12 Inspection Logs

- o MacDermid has instituted a program of weekly inspections for its 90-day waste storage area. Attachment 5 contains a copy of the log sheet utilized to record these weekly inspections. The completed forms are maintained in MacDermid's hazardous waste files.

All of the above items have been completed in accordance with MacDermid's compliance schedule, and MacDermid has properly met all required obligations to-date. Activity on other items in the compliance schedule is progressing, and a status report will be sent to you by the next due date (August 15, 1986).

Please do not hesitate to call if you require further information.

Sincerely,



Richard Fehler
Manager, Regulatory Affairs

cc: James Tunnicliff, MacDermid, Inc.
Julian Gresser, Nutter, McClennen & Fish

RF/th

Enclosure

Accumulation of satellite areas



U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr, mo, & day)

I. NAME OF INSTALLATION

MACDERMID INCORPORATED

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

35439 SAN FERNANDO RD WEST

CITY OR TOWN

ST.

ZIP CODE

LOS ANGELES

CA 90039

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 SAME

CITY OR TOWN

ST.

ZIP CODE

6 SAME

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 JAMES TUNNICLIFFE MFG MGR

818-240-9575

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F - FEDERAL
M - NON-FEDERAL

M

☒ A. GENERATION

☐ B. TRANSPORTATION (complete item VII)

☐ C. TREAT/STORE/DISPOSE

☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR

☐ B. RAIL

☐ C. HIGHWAY

☐ D. WATER

☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION

☒ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

CAD0010707222

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

M-Kesson

7622-ES

July 23, 1986

James Tunnicliff
MacDermid Inc.
5439 San Fernando Road W.
Los Angeles, CA 90039

Dear Jim:

Enclosed are the remainder of your hazardous waste manifests sent by DOHS. This should be everything that DOHS has on file.

Please let me know if you have any questions.

Sincerely,



Richard Fehler
Manager, Regulatory Affairs

RF/cf

cc: Julian Gresser

Enclosure



5439 SAN FERNANDO ROAD WEST • LOS ANGELES, CALIFORNIA 90039 • TELEPHONE (818) 240-9573

August 18, 1986

Mr. Kenneth Hughes
Surveillance and Enforcement Unit
Southern California Sector
Toxic Substances Control Division
Department of Health Services
107 South Broadway, Room 7011
Los Angeles, CA 90012

RE: MacDermid, Inc. Compliance Schedule Status Report

Dear Mr. Hughes:

Enclosed you will find reports pertaining to the Facility and Generator Biennial Hazardous Waste Report for 1985. Also attached is a draft outline document relating to personnel training for MacDermid, Inc., and a copy of the Compliance Schedule for your benefit.

We continue to work on other items in the Compliance Schedule and as these are completed will be forwarded to your attention.

Sincerely,

A handwritten signature in dark ink, appearing to read "James T. Tunnickliff", is written over the typed name.

James Tunnickliff
West Coast Manufacturing
& Distribution Manager

JT/be

Enclosure

cc: Richard Fehler - McKesson Environmental Services, Inc.
Julian Gresser - Nutter, McClennen & Fish
Stacy Deal - McKesson Environmental Services, Inc.

COMPLIANCE SCHEDULE

Reference to April 17th, Notice of Violation from DOHS to MacDermid

<u>VIOLATION</u>	<u>ACTIVITY</u>	<u>COMPLETION DATE</u>
Count 1	Storage over 90 days	Completed
Count 2	Labeling	Completed
Count 3	Biennial Report	August 15, 1986
Count 4	Retrieve Manifest	July 15, 1986
Count 5	Chromic Acid Manifest	July 15, 1986
Count 6	Revise Part A Application	July 15, 1986
Count 7	Personnel Training	August 15, 1986
Count 8	Waste Analysis Plan	December 31, 1986
Count 9	Signs & Security	Completed
Count 10	Operations Log	July 15, 1986
Count 11	Contingency Plan	October 1, 1986
Count 12	Inspection Logs	July 15, 1986
Count 13	Exception Report if Applicable	Ongoing Compliance
Count 14	Closure Plan Draft	October 1, 1986
Count 15	Closure Plan Final	December 31, 1986

M-Kesson

August 15, 1986

Mr. James F. Tunnicliff
MacDermid, Incorporated
5439 San Fernando Road West
Los Angeles, CA 90039

SUBJECT: Hazardous Waste Training Outline


Dear Mr. Tunnicliff:

Enclosed is a draft copy of the Hazardous Waste Training Program developed for your facility. Please review the outline and let me know of your comments. Sections of the Documentation portion of the Program need to be completed. Specifically, a "sign in sheet" should be developed to track attendance at each session. Also, the description of the hazardous waste activities associated with each job at MacDermid - Los Angeles needs to be developed.

The training outline, as it stands can be sent to the Department of Health Services, at your discretion, as a DRAFT document.

I look forward to hearing your comments.

Very Truly Yours,


Stacy R. Deal
Environmental Scientist

Attachments
cc: R. Fehler
W. Loo

HAZARDOUS WASTE TRAINING
INTRODUCTION

DRAFT

This document addresses the personnel training requirements specified in Article 18, Section 67105 of the State of California's Hazardous Waste Management Regulations. The purpose of personnel training is to ensure facility compliance with these regulations during normal operations and in emergency situations. Each MacDermid facility employee is trained the general requirements for hazardous waste management. This information is presented in three sections.

- I. Regulatory Requirements for Hazardous Waste Management.
- II. Chemical and Physical Hazards of the Hazardous Waste Produced at MacDermid.
- III. Emergency Response

Additional training is provided for laboratory personnel, hazardous waste drum handlers and their supervisors. The information provided in this training is specific to the hazardous waste activities these employees perform as a part of their job.

Laboratory personnel training includes the laboratory's procedures for:

- I. Waste Sample Logging
- II. Container Labeling and Storage
- III. Sample Segregation

Additional training for hazardous waste drum handlers explains:

- I. Accumulation Area Container Requirements
- II. Procedures for Moving Drums of Hazardous Waste

DOCUMENTATION

Once training has been conducted, a system of documentation is maintained. Documentation includes, at a minimum, each employee's name, job title, job description as it relates to hazardous waste management, and a description of the continuing training that will be conducted each year for each job description. A sample documentation sheet is provided as Attachment A. Records of the training are kept for current personnel until closure of the facility. Training records for past personnel are kept for three years from the date the employee last worked at this facility.

TRAINING PROGRAM OUTLINE
GENERAL OVERVIEW

DRAFT

I. Regulatory Requirements for Hazardous Waste Management

A. Segregation by Physical Separation at generating point and at accumulation area.

1. Incompatible Wastes
 - a. Different Containers
 - b. Separate Storage Areas
2. Hazardous from Non-Hazardous
(Hazardous Waste Minimization)

B. Labeling

1. Hazardous Waste Label (See Figure 1)
 - a. Yellow and Black
 - b. Apply as soon as first drop of waste enters the container
 - c. Fill out all sections listed below immediately.
 1. Composition and Physical State
 2. Hazardous Properties
 3. U.S. Dot Description
 4. Generator's Name
 5. Address
 6. EPA Identification Number
 7. California Waste Number
 8. Accumulation Start Date
 - d. When drum/container is full, fill out
 1. Manifest Document Number

DRAFT

2. D.O.T.

- a. Apply when material is ready for shipment
- b. Corrosive
- c. Oxidizer

C. Container Requirements

- 1. D.O.T. - ~~17H drums~~ ^{34 drums} / or DOT 34 pails
- 2. Sealed when not in use and when stored or shipped
- 3. Free of holes, dents, rust or leaks
- 4. Weekly inspection

D. Accumulation Time

- 1. ^{FIRST} 90 Days from day ~~last~~ drop of waste is placed into the container
- 2. Waste must be shipped to a treatment, storage or disposal facility by the 90th day. Extensions may be granted by DOHS.

E. Storage Area

- 1. Only containers in good condition. Ruptured, dented, rusty drums are removed and placed in an oversized drum and spaces are filled with absorbent material
- 2. Weekly inspection for: adequate aisles, segregated wastes, maintenance and repair of emergency systems and equipment, presence of warning signs
- 3. Inspections must be documented in weekly log

DRAFT

II. Emergencies - See Contingency Plan for Additional Information

A. Fire/Explosion of Hazardous Waste

1. Do not enter the area without respiratory protection
2. Remember hazards of each waste: acid fumes, cyanide gas.
3. If possible, to do safely determine source of fire/explosion
4. Evacuate building via evacuation plan
5. Notify emergency coordinator
6. Call:
 - Fire Department
 - Surrounding Plants or Businesses that may be effected
 - Emergency Response Contractors
 - Local Hazardous Materials Teams

B. Spill - No Fumes

1. Stop spill if it's possible to do safely
 - a. Roll drum to stop leak
 - b. Plug leaking drum
 - c. Shut off feed lines (if applicable) to tanks/drums
2. Surround spill with absorbent material

DRAFT

3. Identify leaking material

- a. What are the hazards?
 - i. Neutralize acid/base before absorbing
 - ii. Keep acids away from bases, cyanides
 - iii. Keep all corrosives away from water
 - iv. If Fluoboric Acid Waste make sure absorbent is compatible.
 - v. Clean-up immediately
- a. Absorb neutralized waste.
- b. Sweep/shovel absorbed waste into recovery labeled drum.
- c. Label will depend on type of waste, or if treatment was necessary.
- d. Seal drum and place in accumulation area.
- e. Rinse spill area with water, absorb and place in labeled recovery drum.
- f. For CN spills flush area with _____% solution of Hypochlorite.
- g. Wear protective clothing when treating/neutralizing.

C. Large spill - fumes

1. Do not enter area until fumes have cleared
2. Wear the following protective equipment when cleaning up spill:
 - a. Full face respirator with appropriate cartridges
 - b. Chemical resistant gloves
 - c. Arm length gloves

DRAFT

- d. Rubber apron
 - e. Chemical resistant rubber boots
3. Stop spill if possible
 4. Surround with absorbent
 5. Neutralize, absorb and place in recovery drum
 6. Rinse area with water, collect rinsate with absorbent and place in recovery drum
 7. Final rinse of Hypochlorite solution if waste contained Cyanide

Emergency Evacuation Plan
Mac Dermid, Incorporated
Los Angeles

DRAFT

In the event of an emergency that requires evacuation the following sequence of events will occur:

- STEP ONE: An emergency has occurred.
- STEP TWO: Personnel at the scene will determine if evacuation is necessary and notify everyone in the immediate area.
- STEP THREE: The Emergency Coordinator (EC) is notified at home or at the facility.* (Attachment A)
- STEP FOUR: The Emergency Coordinator instructs the facility to evacuate via the page system.

Dial 80	Warehouse
Dial 81	Inside Offices

STEP FOUR A: The Emergency Coordinator notifies:

1. Fire Department 9-911, 9-384-3131
2. Emergency Response Contractors (see Attachment B).
3. Local Hazardous Materials Team

The EC will provide the following information to these groups:

1. Company name, address and phone number
2. Location of the emergency
3. Type of emergency (Fire, Spill)
4. Sources of Hazard (Chemicals, pressurized drums, etc.)
5. Danger to surrounding environment

The EC will meet the groups at the gate and assist in any way necessary.

* If the Emergency Coordinator is not at the facility the Emergency Supervisor of the area will act in his place.

DRAFT

STEP FOUR B: At the same time, the Emergency Supervisors will facilitate the evacuation, by:

1. Directing personnel and visitors to a safe location and then,
2. Determining if everyone is out of the facility by conducting a head count check.

STEP FIVE: The EC will give the all clear signal to the Emergency Supervisors when it is safe to resume operations

STEP SIX: The EC will submit all required reports and allocate resources necessary for appropriate clean-up and corrective action. (see Attachment C)

McKesson

7622-ES

July 11, 1986

Mr. James Tunnicliff
MacDermid, Inc.
5439 San Fernando Road West
Los Angeles, CA 90039

Dear Jim:

I have enclosed a letter to Ken Hughes for your review, and have also sent a copy to Julian. You can send the letter as is, or make changes and retype on your letterhead.

In response to our DOHS July 15, deadline, we should include the following attachments with the letter:

- o Attachment 1 - Copy of our compliance schedule;
- o Attachment 2 - Manifest copies from DOHS;
- o Attachment 3 - Revised Part A. I have enclosed a blank copy for you to complete;
- o Attachment 4 - Waste drum log forms;
- o Attachment 5 - Weekly inspection forms.

I will be in the office Monday. Let me know if you have any questions.

Sincerely,



Richard Fehler
Manager, Regulatory Affairs

cc: Julian Gressen

RF/th

Enclosure

M-Kesson

7622-ES

July 11, 1986

Mr. Kenneth Hughes
Surveillance and Enforcement Unit
Southern California Sector
Toxic Substances Control Division
Department of Health Services
107 South Broadway, Room 7011
Los Angeles, CA 90012

RE: MacDermid, Inc. Compliance
Schedule Status Report

Dear Mr. Hughes:

This letter contains information concerning MacDermid's progress in meeting the compliance schedule as agreed to and set out in MacDermid's letter to you dated May 14, 1986. The schedule is included as Attachment 1. The status of items to have been completed by July 15, 1986 follows:

o Counts 4 and 5 Manifest Retrieved

In order to complete MacDermid's manifest record for the years 1983, 1984, and 1985, the Department of Health Services (DOHS), in Sacramento was contacted to obtain copies of all manifests on file. Attachment 2 contains DOHS's response to our request, as well as copies of all manifests recieved (59 manifests). If additional manifest copies are recieved from DOHS, they will be furnished to your office. Copies of all manifests are now on file at MacDermids office.

o Count 6 Revise Part A

Attachment 3 contains a copy of MacDermids revised Part A, reflecting generator-only status. This form will be filed at the following address, as soon as MacDermids closure plan is approved by DOHS:

EPA Region 9
CSC (T-1-2)
215 Fremont Street
San Francisco, CA 94105

July 11, 1986
MacDermid, Inc.
Page Two

o Count 10 Operations Log

In keeping with MacDermid's current status as a generator-only of laboratory wastes, Attachment 4 is a copy of the log sheet developed by MacDermid to record the amounts and types of waste samples that are accumulated in 55-gallon drums for storage less than 90 days. Each 55-gallon drum has a corresponding log sheet showing what has been put into the drum. The completed forms are maintained in MacDermid's waste files.

Count 12 Inspection Logs

- o MacDermid has instituted a program of weekly inspections for its 90-day waste storage area. Attachment 5 contains a copy of the log sheet utilized to record these weekly inspections. The completed forms are maintained in MacDermid's hazardous waste files.

All of the above items have been completed in accordance with MacDermid's compliance schedule, and MacDermid has properly met all required obligations to-date. Activity on other items in the compliance schedule is progressing, and a status report will be sent to you by the next due date (August 15, 1986).

Please do not hesitate to call if you require further information.

Sincerely,



Richard Fehler
Manager, Regulatory Affairs

cc: James Tunnicliff, MacDermid, Inc.
Julian Gresser, Nutter, McClennen & Fish

RF/th

Enclosure

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr, mo, & day)

I. NAME OF INSTALLATION

MACDERMID INCORPORATED

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

35439 SAN FERNANDO RD WEST

CITY OR TOWN

ST.

ZIP CODE

LOS ANGELES

CA 90039

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

SAME

CITY OR TOWN

ST.

ZIP CODE

SAME

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

JAMES TUNNICLIFF MFG MGR

818-240-9575

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F - FEDERAL
M - NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete Item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION☒ B. SUBSEQUENT NOTIFICATION (complete Item C)

C. INSTALLATION'S EPA I.D. NO.

CAD0010707222

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

DETACH

☐ A. TOXIC
(DOOD)

M-Kesson

7622-ES

July 23, 1986

James Tunnicliff
MacDermid Inc.
5439 San Fernando Road W.
Los Angeles, CA 90039

Dear Jim:

Enclosed are the remainder of your hazardous waste manifests
sent by DOHS. This should be everything that DOHS has on file.

Please let me know if you have any questions.

Sincerely,



Richard Fehler
Manager, Regulatory Affairs

RF/cf

cc: Julian Gresser

Enclosure

MEMO TO: Jim Tunnicliff

FROM: Jerry Post ✓

October 21, 1986

cc: Carl Landon, Tony Tranchida

Dear Tony:

Confirming our conversation of October 13, 1986 the following matters must be given priority attention and completion by you.

1. Arrange a meeting with Richard Fehler of McKesson and Julian Gresser of Nutter, McClennen & Fish, on October 20 or 21 if possible. Have them come to Los Angeles if it's difficult for you to travel. The agenda for the meeting should result in a complete status report on all citations listed by the DOHS inspection. We will need all completed documents as well as copies of all drafts prepared to date. Although the completion date has been listed as 12/31/86, we want to target completion of this matter for 12/1/86 in the event that there may be some revisions required. As indicated to you, this matter is top priority.
2. Provide a written response to Dave Simmons on the ERL report related to the Los Angeles facility by 10/16/86, since his report must be given to ERL by the 17th of October.
3. Provide a written response to me covering Arkwright-Boston (Factory Mutual) inspection report of LA facility dated March 10, 1986. Submit response by 10/30/86.
4. Provide a letter to Sunland (Serge Dadone) as requested by Julian Gresser, outlining DOHS requirements and advising of possible Sunland involvement now or in the future and the importance of being in total compliance now in order to avoid future problems.
5. Resolve the McKesson "Bills for Services Performed" issue with Carl Landon and Julian Gresser in order to get these invoices paid. We need clout to get McKesson to finish their part of the DOHS matter on time.
6. Resolve "training" and "training schedule" issue with McKesson and our own people. Who is going to do what and when? This training must take place now and be fully documented.
7. Resolve the chrome waste issue at once. This material must be off the premises no later than October 30th.
8. Review the product list provided to you by Carl Landon with Serge Dadone to see if we have a "fit" with these products for Sunland to produce.

I would like a full report on the above by 10/24/86.


Jerry

McKesson

May 8, 1986

Mr. James Tunnicliff
West Coast Manufacturing and Distribution Manager
MacDermid, Inc.
5439 San Fernando Road West
Los Angeles, CA 90039

Subject: Response to Department of Health Services' Notice of
Violation

Dear Jim:

This letter is intended to document our meeting yesterday in the offices of Nutter, McClennan and Fish, San Francisco, California. The purpose of the meeting was to brief your attorneys, Messrs. Julian Gresser and Dario Robertson, on the matter of the Notice of Violation issued by the California Department of Health Services to MacDermid and to develop an action plan to respond to this citation.

It is our understanding that you will retain McKesson Environmental Services, Inc. (MES) to assist you in achieving compliance in this matter. We are prepared to, and are planning on, providing our resources to develop the necessary documents. While it is difficult at this preliminary stage to estimate the dollar amount for the project, an order of magnitude estimate is \$8,000-\$12,000.

Until the program scope is clearly defined and submitted, a contract signed, and purchase order issued, it was agreed that McKesson Environmental Services (MES) will invoice MacDermid on a time and material basis as follows:

- Mr. Shri Nandan - Manager Engineering \$80/Hr.
- Mr. Rick Fehler - Regulatory Specialist \$70/Hr.

Other direct costs are billed at cost plus 15% administrative fee.
Mileage is billed at 25¢ per mile.

May 8, 1986
Mr. James Tunnicliff
Page 2

Our terms of payment are net thirty days. Progress and invoices are sent on a monthly basis. The invoices will be submitted to Nutter, McClennan and Fish who will forward it to MacDermid for payment.

Thank you for calling upon MES, and we are anxious to provide these services to MacDermid.

Sincerely,

A handwritten signature in cursive script, appearing to read "Shri Nandan".

Shri Nandan, P.E.
Manager, Engineering Services

SN/jlc

CA, LA, Whse: Closure Problems
1993 →

Need to rescind

EPA ID#

CAD010707222

818-551-2800

Andie Qmc - 818-551-2830

324/1826

9/2/92 Audited
Rch San Miguel
What is status.

Rch San Miguel
818-567-3024
Hernandez

Rch San Miguel
818-567-3107

Tony Luan
818 567-3123 Syn.
Jo Nelson
916-322-0477
818-567-3101
Alonso

10/15/92 Rch to for me memo to
for Nelson. It must make final decision.

He would say yes!
Part A of memo not sent.

Steve Koyasaka
916-322-6996

1/20/92 Spoke w/ Steve - David King

Steve Koyasaka 916-322-6996

- (1) Masters of Closure
 - (2) Do we need to do annual cost closure.
- Called on alone 6/8/93

CA: Fees (Bridg Equalization)

2/16/87

To: Cherrie Gills

From: Beverly Pasley

2 pages includes
this one.

Instructions For Generators

Item 1. Generator's U.S. EPA ID Number-Manifest Identification Number

Enter the generator's U.S. EPA twelve-digit identification number, and in the space to the right of this number enter a five-digit number of your choice.

Item 2. Page 1 of _____

Enter the total number of pages used to complete this Manifest plus the number of Continuation Sheets, if any.

Item 3. Generator's Name and Mailing Address

Enter the name and mailing address of the generator. The address should be the location that will manage the returned Manifest form.

Item 4. Generator's Phone Number

Enter a telephone number where an authorized agent of the generator may be reached in the event of an emergency.

Item 5. Transporter 1 Company Name

Enter the company name of the first transporter who will transport the waste.

Item 6. U.S. EPA ID Number

Enter the U.S. EPA twelve-digit identification number of the first transporter identified in Item 5.

Item 7. Transporter 2 Company Name

If applicable, enter the company name of the second transporter who will transport the waste. If more than two transporters are used to transport the waste, use a Continuation Sheet(s) and list the transporters in the order they will be transporting the waste.

Item 8. U.S. EPA ID Number

If applicable, enter the U.S. EPA twelve-digit identification number of the second transporter identified in Item 7.

Item 9. Designated Facility Name and Site Address

Enter the company name and site address of the facility designated to receive the waste listed on this Manifest. The address must be the site address which may differ from the company mailing address.

Item 10. U.S. EPA ID Number

Enter the U.S. EPA twelve-digit identification number of the designated facility identified in Item 9.

Item 11. U.S. DOT Description

Enter the U.S. DOT Proper Shipping Name, Hazard Class, and ID Number (UN/NA) for each waste as identified in 49 CFR 171 through 177.

Item 12. Containers (No. and Type)

Enter the number of containers for each waste and the appropriate abbreviation from Table I (below) for the type of container.

Restricted Wastes

711.	Liquids with cyanides ≥ 1000 Mg/L
721.	Liquids with arsenic ≥ 500 Mg/L
722.	Liquids with cadmium ≥ 100 Mg/L
723.	Liquids with chromium (VI) ≥ 500 Mg/L
724.	Liquids with lead ≥ 500 Mg/L

Nonrestricted Wastes

Inorganics

111.	Acid solution (2 $< \text{pH} < 7$ with metals (antimony, arsenic, barium, beryllium, cadmium, chromium, cobalt, copper, lead, mercury, molybdenum, nickel, selenium, silver, thallium, vanadium, and zinc)
112.	Acid solution without metals
113.	Unspecified acid solution
121.	Alkaline solution (pH ≥ 12.5) with metals (see 111.)
122.	Alkaline solution without metals
123.	Unspecified alkaline solution
131.	Aqueous solution (2 $< \text{pH} < 12.5$) containing reactive anions (azide, bromate, chlorate, cyanide, fluoride, hypochlorite, nitrite, perchlorate, and sulfide anions)
132.	Aqueous solution with metals (see 111.)
133.	Aqueous solution with total organic residues 10 percent or more
134.	Aqueous solution with total organic residues less than 10 percent
135.	Unspecified aqueous solution
141.	Off-specification, aged, or surplus inorganics
151.	Asbestos-containing waste
161.	FCC waste
182.	Other spent catalyst
171.	Metal sludge (see 111.)
172.	Metal dust (see 111.) and machining waste

01	Recycle (R01)
02	Injection Well (D79)
03	Landfill (D80)
04	Land Application (D81)
05	Ocean Disposal (D82)

Table I - Types of Containers

DM	Metal drums, barrels, kegs
OW	Wooden drums, barrels, kegs
DF	Fiberboard or plastic drums, barrels, kegs
TP	Tenke, portable
TT	Cargo tanks (tank trucks)
TC	Tank cars
DT	Dump truck
CY	Cylinders
CM	Metal boxes, cartons, cases (including roll-offs)
CW	Wooden boxes, cartons, cases
CF	Fiber or plastic boxes, cartons, cases
BA	Burlap, cloth, paper or plastic bags

Item 13. Total Quantity

Enter the total quantity of waste described on each line.

Item 14. Unit (Wt./Vol.)

Enter the appropriate abbreviation from Table II (below) for the unit of measure.

Table II - Units of Measure

Q	Gallons (liquids only)
P	Pounds
T	Tons (2000 lbs.)
Y	Cubic yards
L	Liters (liquids only)
K	Kilograms
M	Metric tons (1000 kg)
N	Cubic meters

Item 15. Special Handling Instructions and Additional Information

Generators may use this space to indicate special transportation, treatment, storage, or disposal information or Bill of Lading information. For international shipments, generators must enter in this space the point of departure (City and State) for those shipments destined for treatment, storage, or disposal outside the jurisdiction of the United States.

Item 16. Generator's Certification

The generator must read, sign (by hand), and date the certification statement. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below. If another mode in addition to the highway mode is used, enter the appropriate additional mode (e.g., and rail) in the space below.

Instructions For Transporters

Item 17. Transporter 1 Acknowledgement of Receipt of Materials

Enter the name of the person accepting the waste on behalf of the first transporter. That person must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

Item 18. Transporter 2 Acknowledgement of Receipt of Materials

Enter, if applicable, the name of the person accepting the waste on behalf of the second transporter. That person must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

Table III

725.	Liquids with mercury ≥ 20 Mg/L
726.	Liquids with nickel ≥ 134 Mg/L
727.	Liquids with selenium ≥ 100 Mg/L
728.	Liquids with thallium ≥ 130 Mg/L
731.	Liquids with polychlorinated biphenyls ≥ 30 Mg/L

Table IV

181.	Other inorganic solid waste
211.	Organics
212.	Halogenated solvents (chloroform, methyl chloride, perchloroethylene, etc.)
213.	Oxygenated solvents (acetone, butanol, ethyl acetate, etc.)
214.	Hydrocarbon solvents (benzene, hexane, toluene, etc.)
221.	Unspecified solvent mixture
222.	Waste oil and mixed oil
223.	Oil/water separation sludge
224.	Unspecified oil-containing waste
231.	Pesticide rinse water
232.	Fertilizers and other waste associated with pesticide production
241.	Tank bottom waste
251.	Still bottoms with halogenated organics
252.	Other still bottom waste
261.	Polychlorinated biphenyls and material containing PCBs
271.	Organic monomer waste (includes unreacted)
272.	Polymers resin waste
281.	Adhesives
291.	Latex waste
311.	Pharmaceutical waste
321.	Sewage sludge
331.	Biological waste other than sewage sludge
341.	Off-specification, aged, or surplus organics

06	Surface Impoundment (D83)
07	Thermal Treatment (D84)
08	Neutralization (T31)
09	Filtration (T47)

Note - International Shipments - Transporter Responsibilities

Exports - Transporters must sign and enter the date the waste left the United States in Item 13 of Form 8700-22.

Imports - Shipments of hazardous waste regulated by RCRA and transported into the United States from another country must upon entry be accompanied by the U.S. EPA Uniform Hazardous Waste Manifest. Transporters who transport hazardous waste into the United States from another country are responsible for completing the Manifest (49 CFR 265.10(c)(1)).

Instructions for Owners or Operators of Treatment, Storage, or Disposal Facilities

Item 19. Discrepancy Indication Space

Refer to 49 CFR 264.72 and 265.72 for help in completing this part. In this space you must note any significant discrepancy between the waste described on the manifest and the waste you actually received. If you cannot resolve significant discrepancy within 45 days of receiving the waste, you must submit a letter to your DRS Regional Administrator describing the discrepancy and your attempts to reconcile it. A copy of the manifest at issue must be enclosed with the letter.

Item 20. Facility Owner or Operator

Certification or Receipt of Hazardous Materials Covered by This Manifest Except as Noted in Item 16

Print or type the name of the person accepting the waste on behalf of the owner or operator of the facility. That person must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

CALIFORNIA REQUIRED ITEMS

C. State Transporter's ID
Generator - Enter the certificate of compliance number of the vehicle used to transport the hazardous waste.

E. State Transporter's ID
If applicable, enter the certificate of compliance number of the second vehicle used to transport the hazardous waste.

G. State Facility's ID
Operator of TSCF - Enter EPA ID number.

I. Waste Number
Generator - Enter waste category number. Select appropriate name from Table II. Review entire table before assigning a number. Do not fill in handling codes.

J. Additional Descriptions
Materials Listed Above
Generator - Enter chemical composition for each waste category. List components corresponding to the waste category entered.

K. Other Waste
Generator - Enter waste category number from Table II.

741.	Liquids with halogenated organic compounds ≥ 1000 Mg/L
751.	Solids or sludges with halogenated organic compounds ≥ 1000 Mg/L
791.	Liquids with pH ≤ 2
801.	Waste potentially containing Dioxins

341. Organic liquids (nonhalogenated) with halogens
342. Organic liquids with metals (see 111.)
343. Unspecified organic liquid mixture
351. Organic solids with halogens
352. Other organic solids

Sludges
411. Alum and gypsum sludges
421. Lime sludge
431. Phosphate sludge
441. Sulfur sludge
451. Digressing sludge
461. Paper sludge
471. Sludge/slurry
481. Volatile lead sludge
491. Unspecified sludge waste

Miscellaneous
511. Empty pesticide containers 30 gal or more
512. Other empty containers 30 gallons or more
513. Empty containers less than 30 gallons
521. Drilling Mud
531. Chemical toilet waste
541. Photocopying/photoprocessing waste
551. Laboratory waste chemicals
561. Detergent and soap
571. Fly ash, bottom ash, and related ash
581. Gas scrubber waste
591. Baghouse waste
611. Contaminated soil
612. Household wastes

10	Stabilization Pond (T76)
11	Transfer Station (T81)
12	Tank Treatment (T82)
13	Treatment Pond (T83)
14	Other (D99)

916-323-4910 Jim Cutright [Koyasaka's supervisor]

This is legal dept.

7/22/93 Jim Cutright will call me back.

8/2/93

8/3/93 msg from Jim C - says trying
to figure out how not to go
thru closing. Will call back
Wed or Thursday

K 8/28/94 After many calls, still no
response on "Closing" in CA file.

U.S. ENVIRONMENTAL PROTECTION AGENCY
75 HAWTHORNE STREET, H-3-4
SAN FRANCISCO, CA. 94105

November 3, 1993

ENVIRONMENTAL MANAGER
MAC DERMID INC
5439 SAN FERNANDO RD WEST
LOS ANGELES, CA 90039

This is to acknowledge that the ENVIRONMENTAL PROTECTION AGENCY (EPA) has received a notification of hazardous waste activity (EPA FORM 8700-12) for the installation located at the address shown below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears below. The EPA Identification Number must appear on all: transport manifests, Annual Reports filed with EPA, applications for Federal Hazardous Waste Permits, and other hazardous waste management reports and documents required under Subtitle C of RCRA.

If any of the information on this letter is inaccurate, please resubmit a completed EPA form 8700-12 containing the corrected information. EPA maintains a Notification Information Line to assist with questions.

NOTIFICATION INFORMATION LINE: (415) 495-8895

EPA ID NUMBER: CAD010707222

HANDLER NAME: MAC DERMID INC
LOCATION ADDRESS: 5439 SAN FERNANDO RD WEST
LOS ANGELES, CA 90039

WASTE ACTIVITY: GENERATOR STATUS DEACTIVATED

HAZARDOUS WASTE CODES SUBMITTED ON THE NOTIFICATION:
D000 D002 D003

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☒ Addressee's Address
 2. ☒ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Ms. Nellie Weary
Dept. Toxic Substances Control
400 P Street 4th Floor -
P.O. Box 806
Sacramento, CA 95812-0806

5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number

P 620 437 183

4b. Service Type

- ☒ Registered ☐ Insured
☒ Certified ☐ COD
☒ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

8. Addressee's Address (Only if requested and fee paid)



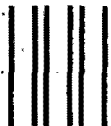
Thank you for using Return Receipt Service

PS Form 3811, December 1991 U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE

Official Business



PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300



Print your name, address and ZIP Code here

MacDermid Inc.
245 Freight Street
Waterbury, CT 06702

Cherrie Gillis

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES (see front).**

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to the back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

☆ U.S.G.P.O. 1990-270-153

PS Form 3800, June 1990

UNITED STATES POSTAL SERVICE Sent to <i>MS. Williams - Cherry</i> <i>Dr. J. L. Williams - Cherry</i> <i>400 P. Street - 4th Floor</i> <i>P.O. State & ZIP Code</i> <i>Sacramento, Ca. 95820-05</i>	
Street & No.	
P.O. State & ZIP Code	
Postage	\$.29
Certified Fee	
Special Delivery Fee	1.00
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date & Address of Delivery	
TOTAL Postage & Fees	\$ 2.29
Postmark of Office	

Certified Mail Receipt
 No Insurance Coverage Provided
 Do not use for International Mail
 (See Reverse)



MacDermid
INCORPORATED

245 FREIGHT STREET - WATERBURY, CT 06702 - TELEPHONE (203) 575-5700 - TELEX 4436011 - INTL. FAX 203-575-7900 - DOM FAX 203-575-5630

September 24, 1993

Ms. Nellie Weary
Dept. Toxic Substances Control
400 P Street - 4th Floor
P.O. Box 806
Sacramento, CA 95812-0806

916-323-9423

916-324-1781

11/17/93 Called Nellie Weary for status.

SUBJECT: EPA ID No. CAD010707222

Inactivated per Nellie 11/17/93

Dear Ms. Weary:

MacDermid Incorporated would like to cancel the subject EPA ID No. at the following address:

MacDermid, Inc.
5439 San Fernando Rd. West
Los Angeles, CA 90039

As of January 1, 1993, the Los Angeles office/warehouse was closed down. I would appreciate confirmation that the number has been deleted from the records.

If you have any questions, you may contact me at (203) 575-7947.

Sincerely,

Cherrie D. Gillis
Manager/Regulatory Affairs

CDG:mat

HW2100M1
Nov 17,93

***** TOXIC SUBSTANCES CONTROL *****
- HAZNET -
Facility Maintenance

1 more >

*Action: (A,B,C,D,M,N,P,R): D

| Facility EPA No: CAD010707222 Name: MACDERMID INC_____

| Active Facility?: N Regulated?: Y Comment?: N Create Dt: 07 23 82

| Location: Street: 5439 SAN FERNANDO RD WEST_____

| City: LOS ANGELES_____ State: CA Zip: 90039 0000
County: 19 Region: 3

| Mailing Street: 5439 SAN FERNANDO RD WEST_____

| Address:

| City: LOS ANGELES_____ State: CA Zip: 90039 0000

| Contact Name: INACTIVATED PER FEE FORM 6/93 Adrs: > Phon:(818) 240 9575

Command: _____ Panel: 1

ENTR=Entr,PF1=help,PF2=lookUp,PF3=goBack,PF4=mainMenu,PF5=popUp,PF6=search

PF10=left,PF11=right,PF12=exit

Top

***** TOXIC SUBSTANCES CONTROL *****

e >

- HAZNET -

HW2100M5

Facility Contact Address Maintenance

93-11-17

*Action: (A,B,C,D,M,N,P,R):

Name: INACTIVATED PER FEE FORM 6/93 Type:

Address: 5439 SAN FERNANDO RD WEST

City: LOS ANGELES

State: CA Zipcode: 90039 0000

000

Phone: (818) 240 9575

ENTR=Entr,PF1=help,PF3=goBack

000

Bottom 575

Command: _____ Panel: 1
ENTR=Entr,PF1=help,PF2=lookUp,PF3=goBack,PF4=mainMenu,PF5=popUp,PF6=search
PF10=left,PF11=right,PF12=exit

HW2100M2
< '1 more

***** TOXIC SUBSTANCES CONTROL *****
- HAZNET -
Facility Maintenance

08:31 AM

*Action: (A,B,C,D,M,N,P,R): _

| Facility EPA No: CAD010707222 Name: MACDERMID INC

| Owner: Name: MAC DERMID INCORPORATED_____ Type: ____

| Address: 5439 SAN FERNANDO RD WEST_____

| City: LOS ANGELES_____

State: CA Zip: 90039 0000

Telephone: (818) 240 9575

| Water Board *Class: ____ *Region: ____ | Capacity: 0000000000 Units: ____

| Miscellaneous: *Type: > S01 G02 D99 RCA ISD Permit?: I

| SIC Codes: 2899 _____ | Dates: Commence: 10 15 75 Closure: 00 00 00

Command: _____ Panel: 2
ENTR=Entr,PF1=help,PF2=lookUp,PF3=goBack,PF4=mainMenu,PF5=popUp,PF6=search
PF10=left,PF11=right,PF12=exit

DEPARTMENT OF TOXIC SUBSTANCES CONTROL

1405 N SAN FERNANDO BLVD., SUITE 300
BURBANK, CA 91504
(818) 567-3000



To: Interested Parties

Date: January 13, 1993

From: Dennis Dickerson *Dennis Dickerson*
Regional Administrator
Region 3
1405 North San Fernando Blvd., Suite 300
Burbank, California 91504

Subject: New Location

Effective Monday, February 1, 1993, the Region 3 office of the Department of Toxic Substances Control will have a new office. The new address and phone number is:

California Environmental Protection Agency
Department of Toxic Substances Control
Region 3
1011 N. Grandview Avenue
Glendale, California 91201

(818) 551-2800

If you would like to receive a copy of the Region's new telephone listings, please send us a short written request. We will also take the opportunity to update our mailing list with the information you provide.

On the reverse side of this notice is a map showing our new office location. Thank you.

Andie Amc
818-551-2830



Legend



Note: Not to Scale

Effective February 1, 1993

New Location for the

Cal EPA

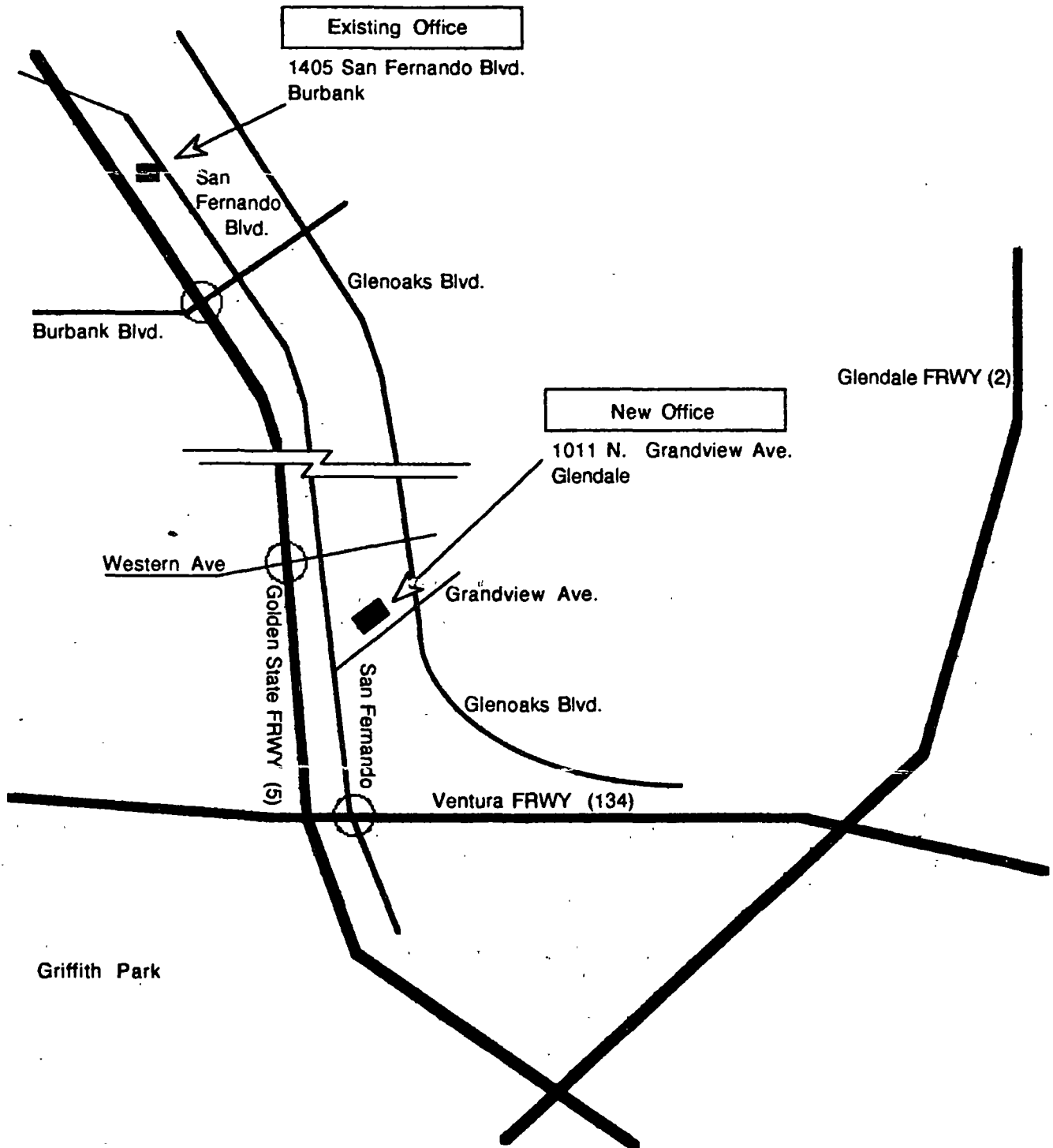
Department of Toxic Substances Control

Region 3

1011 N. Grandview Ave

Glendale, CA 91201

Phone: (818) 551-2800



Barrington 1/27/93
TEMPORARY SERVICES

TO:

Cherie Gillis

In case
you're interested.

Gail

(818) 954-8220

DRAFT

CLOSURE PLAN

MACDERMID INCORPORATED
5439 San Fernando Road West
Los Angeles, California 90039

EPA ID #CAD 010707222

Submitted to:
Mr. Kenneth Hughes
Surveillance and Enforcement Unit
Southern California Section
Toxic Substances Control Division
Department of Health Services
107 South Broadway, Room 7011
Los Angeles, California 90012

Prepared by:
McKesson Environmental Services, Inc.
1252 Quarry Lane
Pleasanton, California 94566
(415) 426-2600

Mary J. I.

CERTIFICATION STATEMENT

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Date of Cover Letter

Description

MacDermid Incorporated
Closure Plan

Signature

Name

Title

Date

1.0 INTRODUCTION

MacDermid Incorporated (MacDermid) manufactures and distributes specialty chemicals for the metal finishing and printed circuit industry. The facility's name, address and EPA ID number are as follows:

MacDermid Incorporated
5439 San Fernando West
Los Angeles, California 90039
EPA ID CAD010707222

This facility serves as a warehouse and distribution center for specialty chemicals.

In 1981 the California Department of Health Services (CDHS) granted the facility Interim Status as a Storage Facility for recyclable materials. MacDermid's routine business practice with regard to these materials was to accept certain spent material for reclaiming, recycling, and redistribution. Immediately upon receipt of the materials, MacDermid transferred them to a separate company on adjacent property, Sunland, for storage and/or processing. In addition, MacDermid stored small quantities of laboratory waste at the MacDermid facility. As part of the permitting process, CDHS requested MacDermid to submit an Operation Plan within a specified time period.

In 1982 CDHS exempted two of the three recyclable materials handled by MacDermid, spent chromic acid solutions and spent ammoniacal copper solutions, from the hazardous waste permitting requirements (Appendix A), but MacDermid did not relinquish its Interim Status. At this point MacDermid should have completed and submitted the Operation Plan because the facility still received one manifested non-exempt waste, spent solder strippers and solder conditioner materials, for immediate transfer to the company on the adjacent property. MacDermid neglected to complete and submit the Operation Plan, in large part because MacDermid did not intend to continue even this receipt and transfer, but was instead pursuing the acquisition of other property for storage prior to reclamation or transfer to a reclamation/recycling facility.

In 1985, EPA's finalization of its RCRA rules for "Hazardous Wastes Known as Recyclable Materials" negated the state exemptions for spent chromic acid solutions and spent ammoniacal copper solutions, subjected hazardous wastes that are recyclable to the requirements for generators, transporters and storage facilities under 40 CFR, and thereby made voidable the exemptions from the manifesting system and permitted waste

transportation system that MacDermid and Sunland had previously obtained.

By December 31, 1985, the facility no longer received recyclable materials. There was no longer any need to use the warehouse as a storage or transfer facility because MacDermid's business practices had changed. The company had been reorganized in such a way that the Los Angeles premises were used only as a warehouse for distribution of products; a marketing agreement had been entered into whereby a company in Santa Fe Springs, Southern California Chemical Company (SCC), manufactured, recycled, and reclaimed the material; and spent chromic acid solutions were no longer recycled. Therefore, and in preparation for compliance with California Assembly Bill No. 2166, MacDermid instructed its customers to manifest the material, use a permitted hauler, and ship the material directly to SCC, which is a TSDF with Interim Status.

MacDermid realized that even though it had not ever stored recyclable materials on its property and by 1985 did not even receive them, it was necessary under the RCRA regulations to change MacDermid's status from that of an Interim Storage Facility to that of Generator because of MacDermid's storage of laboratory waste. One requirement for this change of status would be a Closure Plan as required by Administrative Code, Title 22, Article 23, Section 67210, even though recyclable material had never been physically stored on the premises. Subsequently, upon proceeding with the above, the CDHS then inspected the MacDermid site in February of 1986. MacDermid was cited for several violations. In response to the Notice of Violations, MacDermid sent to CDHS a Compliance Schedule and has been and is taking the necessary steps to meet the schedule.

McKesson Environmental Services, Inc. (MES) has been retained by MacDermid to develop a proper Closure Plan for submission to the CDHS. This Closure Plan will describe the steps necessary to close the hazardous waste storage area in a manner that eliminates the need for further maintenance. This will be accomplished by ensuring that all hazardous waste and hazardous constituents are removed from the facility.

2.0 FACILITY DESCRIPTION

The MacDermid facility consists of a warehouse measuring approximately 200 feet by 100 feet. MacDermid leases the warehouse from Sunland Chemical (Sunland), which occupies the area immediately adjacent to the north and west of MacDermid's facility (A diagram of the site is shown in Fig. 2.0). MacDermid and Sunland entered into a business agreement whereby Sunland became a contract compounder for MacDermid. As part of MacDermid's business, certain products which are originally

manufactured by MacDermid or its contract compounder are recycled/reclaimed.

NO CHANGES IN REST OF TEXT

3.0 CLOSURE ACTIVITIES

Hazardous wastes have not been stored at MacDermid's facility. There are not hazardous waste constituents on this site which require removal or clean-up for closure of a Storage Facility; therefore, MacDermid considers this facility closed. MacDermid wishes to relinquish its interim status as a TSDF and revert to a simple generator status.

In order to assure that hazardous waste and hazardous waste constituents do not exist on MacDermid's premises under Storage for a TSD Facility, MacDermid will obtain a California Registered Engineer to visually survey the site and inspect the warehouse to verify the current status of the facility is as represented herein.

3.1 CLOSURE REPORT

Upon completion of the engineer's inspection, a closure report will be prepared and submitted to CDHS. The report will contain the engineer's verification of the current status of the facility.

3.2 CERTIFICATION OF CLOSURE

When closure is completed, certification by the owner and operator of the facility and by an independent registered professional engineer that the facility has been closed in accordance with the specification in the approved Closure Plan will be provided to CDHS.

NOTE: Chrome, copper and solder stripper/conditioner solutions referred to in this Plan as "hazardous wastes" were, prior to January 1, 1986, properly classified as "recyclable material". As per the attached letters from the DOHS, the material was exempted from the hazardous waste hauler and hazardous waste manifest system.

DRAFT

4.0 SCHEDULE

Upon approval of the Closure Plan by CDHS, the Plan will be implemented in accordance with the following schedule:

Days following CDHS
Approval of Closure Plan

Activity

30 Days

Engineer's certificate
provided to CDHS

DRAFT

4.0 SCHEDULE

Upon approval of the Closure Plan by CDHS, the Plan will be implemented in accordance with the following schedule:

Days following CDHS
Approval of Closure Plan

Activity

30 Days

Engineer's certificate
provided to CDHS

DRAFT

APPENDIX A

DEPARTMENT OF HEALTH SERVICES

2151 BERKELEY WAY
BERKELEY, CA 94704
(415) 540-2043



June 4, 1982

Mr. Max Cohen,
Vice President
Sunland Chemical & Research Corp.
5440 San Fernando Road West
Los Angeles, CA 90039

Dear Mr. Cohen:

This is in response to your letter of May 18, 1982. It has been determined that since California's law, as explained below, exempts your type of operation with MacDermid from hazardous waste facility permitting requirements, it will not be necessary for you to obtain a permit to operate at this time.

According to the California Hazardous Waste Control Law, "waste" is defined (§ 25122) as: 1) any material for which no use or reuse is intended and which is to be discarded, or 2) any recyclable material. However, the definition of "recyclable material" excludes (§ 25122.5(b)(4)) "material that is routinely reclaimed by an original manufacturer of such material, provided the reclamation is only a portion of such original manufacturer's normal production of such material."

It appears that this is the situation at Sunland Chemical, where MacDermid produces and distributes a chromic solution to clients. After use, the clients return the spent solution to MacDermid, who in turn, sends the solution to Sunland Chemical for reformulation. After reformulation, Sunland Chemical returns the chromic solution to MacDermid for redistribution. This process does not qualify as recycling and the spent solution does not qualify as a hazardous waste under current State law. I should emphasize, however, that this situation only applies when you bring back waste material for reformulation from

M. Cohen

-2-

June 4, 1982

a company to whom you provide the raw material. Thus, if you bring back to Sunland Chemical a waste from another company, a hazardous waste treatment and storage facility permit would be necessary.

If you have any questions please feel free to call John Papathakis at (415) 540-2043.

Sincerely,

For C. Stahler for

James L. Stahler, P.E.,
Regional Administrator
Hazardous Waste Management Branch

1246

Sunland Chemical & Research Corp.



5440 SAN FERNANDO ROAD WEST • Phone: 245-7688 • LOS ANGELES, CALIFORNIA 90039

May 18, 1982

Department of Health Services
Hazardous Waste Mgt. Branch
2151 Berkeley Way
Berkeley, CA 94704

Re: Telecon with Mr. Blake Spears 5-18-82

Gentlemen:

This is to confirm our phone call to your office this date. We enquired whether it is necessary for Sunland Chemical & Research Corp. to register with the State under the Hazardous Waste Control Law. MacDermid Inc. picks up material which they originally sold to their customers and then Sunland Chemical reformulates it for them. The returned material becomes a part of a MacDermid proprietary product.

We were advised that under these circumstances there is no need for us to register.

We would appreciate a confirmation of the above information.

Very truly yours,

Max Cohen
Vice President

MC/ar



MacDermid

INCORPORATED

...right to the Finish!®

Waterbury, Connecticut • Ferndale, Michigan • Los Angeles, California • St. Louis, Missouri

50 BROOKSIDE ROAD • WATERBURY, CONNECTICUT 06720
TELEPHONE 203 754 6161 • TELEX: 96-2413


February 7, 1984

Mr. Larry Shanks
Janus Enterprises
4748 McGrath
Ventura, CA 93003

Dear Mr. Shanks:

Enclosed you will find a letter dated March 24, 1982 from the State of California Department of Health Services which exempts us from classifying our recyclable alkaline etchant as a hazardous waste. The material which we take back from you is not a hazardous waste; therefore, we do not have to be registered as a TSD facility nor do we require a registered waste hauler to transport this material to our site.

Sincerely,


James F. Tunnickliff
Operations Manager

JFT/be

See letter to JFT

DEPARTMENT OF HEALTH SERVICES

2151 BRIDGECREY WAY
BERKELEY, CA 94704
(415) 540-2043



March 24, 1982

Mr. Jim Tunnickliff
Operations Manager
MacDermid Incorporated
5439 San Fernando Road, West
Los Angeles, CA 90039

Dear Mr. Tunnickliff:

It has been determined that since California law, as explained below, exempts your type of operation with Union City Chemical Company and Sunland Chemical from permitting requirements, it will not be necessary for you to use a registered hazardous waste hauler nor a hazardous waste manifest to transport the spent etchant solution at this time.

According to California Hazardous Waste Control Law, "waste" is defined (§25122) as: 1) any material for which no use or reuse is intended and which is to be discarded, or 2) any recyclable material. However, the definition of "recyclable material" excludes (§25122.5(b)(4)) "material that is routinely reclaimed by an original manufacturer of such material, provided the reclamation is only a portion of such original manufacturer's normal production of such material".

It appears that this is the situation at MacDermid, where both companies, Sunland Chemical and Union City Chemical, produce an etchant solution which is patented by MacDermid, Inc. MacDermid also is the distributor of the etchant to clients for use in cleaning circuit boards. The clients return the spent solution to MacDermid, who in turn, sends the solution to Union City Chemical Company for regeneration. After regeneration, Union City Chemical Company returns the etchant solution to MacDermid for redistribution. This process does not qualify as recycling and the spent etchant does not qualify as a hazardous waste under current State law. I should emphasize, however, that this situation only applies when you bring back waste material for regeneration from a company to whom you provided the raw material. Thus, if you bring back to MacDermid spent etchant which was originally produced by another company, then a hazardous waste manifest and registered hauler would be necessary.

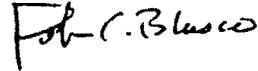
Mr. Tunnicliff

-2-

March 24, 1982

It should be noted that MacDermid is still responsible for complying with appropriate Department of Transportation requirements. If you have any questions, please feel free to call John Papathakis at (415) 540-2043.

Sincerely,



John C. Blasco
Acting Regional Administrator
Hazardous Waste Management Branch

cc: William F. Jopling, Acting Chief
Permits, Surveillance & Enforcement Section
HWMB-Sacto

APPENDIX B



5439 SAN FERNANDO ROAD WEST • LOS ANGELES, CALIFORNIA 90039 • TELEPHONE (818) 240-9573

D R A F T

October 21, 1986

Mr. Serge Dadone
5440 San Fernando Road West
Los Angeles, CA 90039

Dear Serge:

As you are aware MacDermid, Inc. has been served with a Notice of Violation with regard to the handling of hazardous wastes at our facility in Los Angeles. Because of the close proximity of our two locations and the nature of our relationship, we are both involved in the resolution of the Notice of Violation. Specifically, because some of our activities required work on your part and because some of the wastes are physically on your property, it is necessary that when these materials are properly disposed the manifest will have to be made out under Sunland's name. MacDermid will pay the cost of disposals of those wastes which are owned by MacDermid but again, the manifest will be prepared by Sunland.

If you have any questions regarding this, please let me know.

Sincerely,

Jim Tunnickliff
West Coast Manufacturing
& Distribution Manager

JT/be

cc: Julian Gresser - Nutter, McClennen & Fish
bcc: ✓ R. Fehler - McKesson Environmental Services, Inc.

DOMESTIC RETURN RECEIPT

POSTAGE & FEE PAID BY ADDRESSEE

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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UNITED STATES

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PENALTY FOR PRIVATE
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Print your name, address, and ZIP Code here

Guar

MacDermid Inc.
245 Freight Street
Waterbury, CT 06702

STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE.
CERTIFIED MAIL FEE AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry

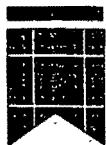
U.S.G.P.O. 1988-217-132

PS Form 3800, June 1985

Seal to	
Rick Miguel	
Street and No	
1405 No San Fernando Blvd	
P.O., State and ZIP Code	
Burbank CA 91504	
Postage	\$
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date, and Address of whom	1.00
TOTAL Postage and	1.00
Postmark or Date	NOV 1985

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

P 163 882 828



MacDermid
INCORPORATED

245 FREIGHT STREET - WATERBURY, CT 06702 - TELEPHONE (203) 575-5700 - TELEX 4436011 - INTL FAX 203-575-7900 - DOM. FAX 203-575-5630

November 10, 1992

Carbides

Mr. Rick San Miguel
State of California
Department of Toxic Substances Control
1405 No. San Fernando Blvd.
Burbank, CA 91504

818-567-3107

Dear Mr. San Miguel:

I have enclosed the original supplementary affidavit regarding our Los Angeles facility and closure for Part A. This was originally faxed to you on today's date.

If you have any questions, please feel free to call me. I do appreciate all your assistance, you have been very helpful.

Sincerely,

Cherrie D. Gillis

Cherrie D. Gillis
Manager, Regulatory Affairs

Enc.

For 722-2200
6/11/93



Frank- GE 507 11/4 ODC 614-475-4595

Apris huts & cw d. 7943

Rick San Miguel 11/5/92
pg 5 of report?

Write supplement to affidavit - we were
stayed over 144 hrs., we were opened due to water &
over to Rick San Miguel - ~~fax~~

818-567-3129



MacDermid
INCORPORATED

245 Freight Street - Waterbury, Connecticut 06702 - Telephone (203) 575-5700
TELEX 4436011 * DOMESTIC FAX 203-575-5630

FACSIMILE

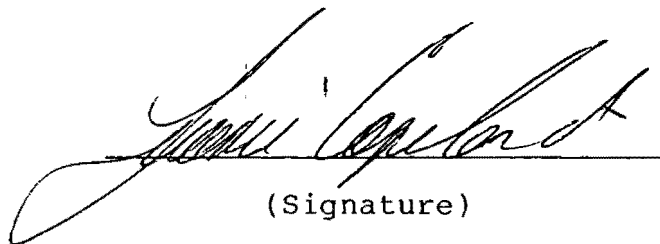
Date: 11-10-92 # Pages: 2
To: Rick San Miguel OF CADDP From: C. Gillis
cc via FAX: _____ OF _____ cc: _____
_____ OF _____
Re: 818-567-3129 FAX #: _____

Supplementary Affidavit
per your request.

AFFIDAVIT

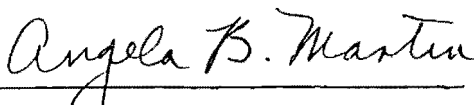
As a supplement to the May 4, 1992 Affidavit, I, Terrence C. Copeland, Vice President of MacDermid, Incorporated ("MacDermid") located at 245 Freight Street, Waterbury, Connecticut 06702, declare that MacDermid of 5439 San Fernando Road West, Los Angeles, California 90039, did not store any incoming manifested waste on-site much less over 144 hours. Nor to the best of my knowledge, were any drums opened upon receipt of manifested material.

On the basis of inquiries made to persons who have supervised operations during all times that MacDermid has leased the facility, I declare, under penalty of perjury, that the foregoing is true and correct to my best knowledge. Signed this 9th day of November 1992 at Waterbury, Connecticut.



(Signature)

Subscribed and sworn to before me
this 9th day of November 1992.



Notary Public

State of California

Department of Health Services
Toxic Substances Control Program/Region 3
Facilities Management Branch
1405 N. San Fernando Boulevard, Suite 300
Burbank, CA 91504



Guillermo A. Hernandez
Hazardous Materials Specialist

(818) 567-3024

State of California

California Environmental Protection Agency
Department of Toxic Substances Control
Region 3/Facility Management Branch
1405 N. San Fernando Boulevard, Suite 300
Burbank, CA 91504



Yasser K. Aref
Hazardous Materials Specialist

(818) 567-3038

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Mac Dermid Inc.
245 Freight Street
Waterbury, Ct 06702
attn: Cherru Gillis

SENDER

- Complete items 1 and/or 2 for additional services.
- Complete items 3 and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt fee will provide you the signature of the person delivered to, and the date of delivery.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☒ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:

Mr. Cherru Gillis
Dept. of Toxic Substances
Control
1405 No. San Fernando Blvd.
Burbank, CA 91504

4a. Article Number

P-630 437 107

4b. Service Type

- | | |
|--|---|
| <input checked="" type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

5/8

5. Signature (Addressee)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES (see front).**

- 1 If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier (no extra charge)
- 2 If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article
- 3 If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to the back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number
- 4 If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article
- 5 Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811
6. Save this receipt and present it if you make inquiry.

☆ U.S.G.P.O. 1990-270-153

PS Form 3800, June 1990 (Reverse)

Cherrie Gillis

PS Form 3800, June 1990

Sent to <i>Mc. Buller's Heronery</i> <i>Dept of Interior Substance B</i> <i>conserv</i>	
Street & No <i>1405 no. Sactonard B</i>	
P.O. State & Zip Code <i>Burbank, CA. 91504</i>	
Postage	\$ <i>.29</i>
Certified Fee	<i>1.00</i>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom, Date, & Address of Delivery	<i>1.00</i>
Total Postage & Fees	\$ <i>2.29</i>
Postmark or Date	

P 620 437 107

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Do not use for International Mail
UNITED STATES POSTAL SERVICE (See Reverse)



MacDermid
INCORPORATED

245 FREIGHT STREET - WATERBURY, CT 06702 - TELEPHONE (203) 575-5700 - TELEX 4436011 - INTL. FAX 203-575-7900 - DOM. FAX 203-575-5630

May 5, 1992

Mr. Guillermo Hernandez
Department of Toxic Substances Control
1405 No. San Fernando Blvd
Burbank, CA 91504

Dear Mr. Hernandez:

Enclosed is the signed Affidavit regarding the MacDermid, Inc.
facility in Los Angeles.

If you have any questions, please call me at 203-575-7947.

Sincerely,

Cherrie D. Gillis
Manager, Regulatory Affairs

Enc.

818-567-3024

cc J Penner
5/4/92
TGT

AFFIDAVIT

I, Terrence C. Copeland, declare that:

1. I am Vice President of MacDermid, Incorporated ("MacDermid") located at 245 Freight Street, Waterbury, Connecticut 06702.

2. MacDermid has leased a portion of the premises at 5439 San Fernando Road West, Los Angeles, California 90039 since they were constructed in 1975. As used herein, the terms "facilities" and "site" mean the part of the premises leased to MacDermid.

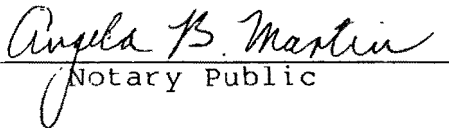
3. I declare that none of the facilities of said business, including all the business' structures, appurtenances, improvements and contiguous land were ever used by MacDermid to treat, store (over 90 days) or dispose of any hazardous waste.

4. I understand that the terms "dispose of", as used in this affidavit, includes both depositing hazardous waste into the environment on the site and the continuing presence of hazardous waste in the environment on site or stored on site from prior years, unless the Department of Toxic Substances Control has certified a disposal facility as closed.

On the basis of inquiries made to persons who have supervised operations during all times that MacDermid has leased the facility, I declare, under penalty of perjury, that the foregoing is true and correct to my best knowledge. Signed this 4th day of May, 1992, at Waterbury, Connecticut.


(Signature)

Subscribed and sworn to before me
this 4th Day of May, 1992.

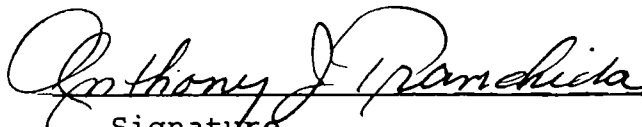

Notary Public

AFFIDAVIT

I Tony Tranchida, declare that, as an employee of MacDermid, Inc.,

1. MacDermid has leased a portion of the premises at 5439 San Fernando Road West, Los Angeles, CA 90039 since they were constructed in 1975. As used herein, the terms "facilities" and "site" mean the part of the premises leased to MacDermid, including all business' structures, appurtenances and improvements.
2. None of the facilities, or land contiguous to the facilities, were ever used by MacDermid to treat, store (over 90 days) or dispose of any hazardous waste.
3. The term "dispose of," as used in this affidavit, includes the deposit of hazardous waste into the environment on the site from 1977^{AD} to the present.

I have supervised operations during all times that MacDermid has leased the facility. I declare, under penalty of perjury, that the foregoing is true and correct to my best knowledge. Signed this 6TH day of April, 1992, at Los Angeles CA, ~~Connecticut~~.


Signature

AFFIDAVIT

I _____, declare that:

1. I am _____ (owner or, if a corporation, title of corporate officer) of MacDermid, Incorporated ("MacDermid") located at 245 Freight Street, Waterbury,
CT.

2. MacDermid has leased a portion of the premises at 5439
San Fernando Road, West, Los Angeles, CA 90059 since they were constructed in 1975. As used herein, the terms "facilities" and "site" mean the part of the premises leased to MacDermid.

3. I declare that none of the facilities of said business, including all the business' structures, appurtenances, improvements and contiguous land were ever used by MacDermid to treat, store (over 90 days) or dispose of any hazardous waste.

4. I understand that the terms "dispose of," as used in this affidavit, includes both depositing hazardous waste into the environment on the site and the continuing presence of hazardous waste in the environment on site or stored on site from prior years, unless the Department of Toxic Substances Control has certified a disposal facility as closed.

On the basis of inquiries made to persons who have supervised operations during all times that MacDermid has leased the facility, I declare, under penalty of perjury, that the foregoing is true and correct to my best knowledge. Signed this ____ day of _____, 1992, at _____, Connecticut.

(Signature)

Subscribed and sworn to before me
this ____ day of _____, 1992.

Notary Public

Send affidavit certified to:

Guillermo Hernandez
DOTS
1405 No San Fernando Blvd
Burbank, CA 91504

UNITED STATES POSTAL SERVICE

Official Business



PENALTY FOR PRIVATE
USE \$300

Print your name, address and ZIP Code here

MacDermid Inc.
245 Freight Street
Waterbury CT 06702

DOMESTIC RETURN RECEIPT

PS Form 3811, November 1990 * U.S. GPO: 1991-287-068

6. Signature (Agent) <i>[Signature]</i>	
5. Signature (Addressee) <i>[Signature]</i>	
3. Article Addressed to Mr. Guillermo 1405 N. San Fernando Suite 300 Burbank, CA 9104	
4a. Article Number RC 26 Y37112	4b. Service Type <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
7. Date of Delivery JUN 1 1992	
8. Addressee's Address (If requested and fee is paid) 1992	
1. Addressee's Address Also wish to receive the following services (for an extra fee): <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Consult postmaster for fee	

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3 and 4a & b.
• Print your name and address on the reverse of this form so that we can return this card to you.
• Attach this form to the front of the mailpiece, or on the back if space does not permit.
• Write "Return Receipt Requested" on the mailpiece below the article number.
• The Return Receipt fee will provide you the signature of the person delivered to and the date of delivery.

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES (see front).**

- 1 If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier (no extra charge)
- 2 If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.
- 3 If you want a return receipt, write the certified mail number and your name and address on a return receipt on Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to the back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
- 4 If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article
- 5 Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811
6. Save this receipt and present it if you make inquiry

U.S.G.P.O. 1990-270-153

PS Form 3800, June 1990 (Reverse)

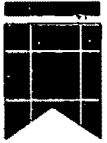
PS Form 3800, June 1990

Sent to		Mr. Guillemo	
Street & No		1401 N. Safford Blvd	
P.O. State & Zip Code		Barbant CA 91504	
Postage		\$	29
Certified Fee			1.00
Special Delivery Fee			
Restricted Delivery Fee			
Return Receipt Showing to Whom & Date Delivered			1.00
Return Receipt Showing to Whom, Date, & Address			
TOTAL Postage & Fees		\$	2.29
Postmark			



Certified Mail Receipt
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

P 620 437 1.1A



MacDermid
INCORPORATED

245 FREIGHT STREET - WATERBURY, CT 06702 - TELEPHONE (203) 575-5700 - TELEX 4436011 - INTL. FAX 203-575-7900 - DOM. FAX 203-575-5630

May 26, 1992

Mr. Guillermo A. Hernandez
Hazardous Material Specialist
Department of Health Services
Toxic Substance Control Program
1405 North San Fernando Blvd.
Suite 300
Burbank, CA 91504

Dear Mr. Hernandez:

To confirm our telecom of May 20, 1992 regarding our Los Angeles warehouse at 5439 San Fernando Rd. West:

1. MacDermid Incorporated does not conduct any mixing of chemicals on its leased premises.
2. There is no relationship among or between MacDermid Incorporated, G.K. Hughes and/or Chuck Belott Co. MacDermid's premises are strictly leased from Serge Dadonne, owner of the premises.
3. Material is stocked at the MacDermid warehouse as follows:
 - a) Sunland Chemical manufactures some material under the direction of MacDermid headquarters located in Waterbury, CT.
 - b) Other material comes from MacDermid's manufacturing facilities located in Ferndale, MI and Waterbury, CT.
4. The relationship between MacDermid and Sunland Chemicals is as follows:
 - a) Sunland contract compounds some formulas for stock. All formulas and directions as what to manufacture for MacDermid in L.A., come from the Waterbury, CT headquarters.
 - b) Serge Dadonne owns the premises MacDermid leases and has part ownership in Sunland Chemicals.
 - c) The small lab is also leased by MacDermid to analyze customer samples from plating baths. Sunland does share a portion for the express purpose to test/analyze its wastewater located on Sunland property off the leased MacDermid area. This is as a convenience only to Sunland.

Mr. Guillermo A. Hernandez
Department of Health Services
Burbank, CA

- 2 -

May 26, 1992

- d) The clarifier located under the floor in the MacDermid warehouse belongs to Sunland and is shared with MacDermid. Rinse water from test equipment is drained to this clarifier from MacDermid's use. Sunland also has rinse waters which go to this clarifier.
 - e) MacDermid does not store material on Sunland's premises, nor does Sunland store material on MacDermid's leased premises.
 - f) The open gates between the two properties located near the Shipping/Receiving dock is as a convenience between the two companies. Sunland may use this gateway to at times, deliver material it produces to our Shipping/Receiving dock. Normally, the material comes through an overhead door which is within the warehouse. The only other gate that is used for deliveries to our warehouse is the gate from San Fernando Road West leading to MacDermid's dock. This is used by off-site transporters to deliver material.
5. Regarding the hazardous waste storage area, we call this a waste storage area and has always been used for less than 90 days storage of generated waste from our laboratory. These wastes are the samples sent by customers for analysis. The area is large enough for two skids containing 4 x 55 gallons of waste material and is located in our warehouse. We have no other waste storage area nor have had one.

If you have any further questions, please call me at
(203) 575-7947.

Sincerely,



Cherrie D. Gillis
Manager/Regulatory Affairs

CDG:mat

Card
575-8027.
—X—

R Dennis
State Dept - CA

818-567-3107

Ricksoni Gill

Joan Nelson

WP 3/9

RICK-SAN MIGUEL

1982 → Exemption for the transported

WA

DEPARTMENT OF TOXIC SUBSTANCES CONTROL

1405 N. SAN FERNANDO BLVD., SUITE 300
BURBANK, CA 91504

(818) 567-3000

March 6, 1992

cc: Anne Rogers
3/12/92

617-439-2587



Ms. Cherrie D. Gillis
Manager, Regulatory Affairs
245 Freight Street
Waterbury, CT 06702

Dear Ms. Gillis:

MACDERMID LOS ANGELES WAREHOUSE FACILITY EPA ID # CAD 010 707 222

This is in response to your February 7, 1992 letter regarding the registration fee for MacDermid as a hazardous waste storage facility, in Los Angeles.

Based on the telephone conversation Ricardo San Miguel, of this office, had with you on March 6, 1992 in response to the referenced letter, it was brought to my attention that your facility:

1. never stored hazardous waste over 90 days,
2. never treated hazardous waste, and
3. never disposed of hazardous waste at this site.

If this facility never engaged in any treatment, storage, or disposal (TSD) activities at this site, MacDermid shall not need to undergo closure.

Jo Nelson of our Headquarters office will be sending an affidavit for you to sign confirming that the statements made above are accurate. Also, to further verify these statements, the Department will conduct an inspection. If the results of the inspection show that MacDermid never engaged in TSD activities, then a letter will be sent to the federal Environmental Protection Agency (EPA) recommending that your facility be delisted as a TSD facility.

However, if this inspection shows that your facility did act as a TSD facility at any time, MacDermid will be considered an active facility and will be required to pay back taxes and fees.

If you have any questions, please contact Ricardo San Miguel at (818) 567-3107.

Sincerely,

Dennis A. Dickerson
Regional Administrator

cc: Ms. Jo Nelson
Fees Unit
Dept. of Toxic Substances Control
P.O. Box 806
Sacramento, California 95812-0806

ACTIVITY REPORT

TRANSMISSION OK

TX/RX NO.	0188
CONNECTION TEL	916179739748
CONNECTION ID	G3
START TIME	03/13 07:45
USAGE TIME	01'05
PAGES	2



MacDermid
INCORPORATED

245 Freight Street - Waterbury, Connecticut 06702 - Telephone (203) 575-5700
TELEX 4436011 * DOMESTIC FAX 203-575-5630

FACSIMILE

Date: 3-12-92 # Pages: 2
To: Anne Rogers OF J Macd7 From: C. Yelch
cc via FAX: _____ OF _____ cc: _____
_____ OF _____
Re: 617-973-9748 FAX #: _____

Anne-Os discussed, LA Wheel Storage Closure -
Only since 1987 - not Card.

Chen

1/22/92

Dotts Duty Officer

~~Andre Amir~~

Florence Pearson

Status H?

818-567-3110 X3100

Sara Amir 818-567-3139

~~818-567-3000~~

9206
9275
Paul

STATE BOARD OF EQUALIZATION

1020 N STREET, SACRAMENTO, CALIFORNIA

(P.O. BOX 942879, SACRAMENTO, CALIFORNIA 94279-0001)



WILLIAM M BENNETT
First District, Kentfield

BRAD SHERMAN
Second District, Los Angeles

ERNEST J DRONENBURG, JR.
Third District, San Diego

MATTHEW K FONG
Fourth District, Los Angeles

GRAY DAVIS
Controller, Sacramento

BURTON W. OLIVER
Executive Director

FAXED
3/3/92

January 9, 1992

Sara Amir

5 for a 10,000#

Tech to Region 3 -

What is our status -

If Int A - must register

818-567-3000

MACDERMID INC
5439 SAN FERNANDO RD WEST
LOS ANGELES, CA 90039

DEAR FEEPAVER:

The California State Department of Toxic Substances Control has identified you as the operator of a site which may qualify as a hazardous waste treatment, storage, or disposal facility. The purpose of this letter is to advise you of changes in the Hazardous Substances Tax Law which may require that you register with this agency. To register, call (916) 323-9555.

If you have been issued a hazardous waste facility permit or have been given a grant of interim status to treat, store, or dispose of hazardous waste on site, or are operating in a manner which would require you to be permitted as a facility and are not currently registered to pay the facility fee, you must register as a facility with the Board of Equalization.

Every facility operator who owes the Hazardous Waste Facility Fee is required to file a return together with a remittance of the amount of the fee due, pursuant to Section 25205.2 of the Health and Safety Code, which became effective July 1, 1991.

If all of your facility sites which are subject to the fee are already registered with this agency, you may disregard this letter. A facility registration with the Board can be identified by an account number following a configuration of HF-HQ-38-XXXXXX.

If you have any questions, please call the telephone number shown above.

John Ishani

To come back back -
may not have to register

Sincerely,

Dennis P. Maciel

Dennis P. Maciel
Tax Compliance Supervisor
Environmental Fees Section
Special Taxes Division

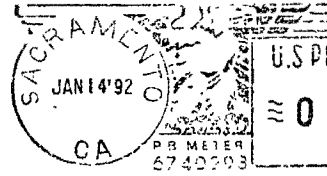
E-18

STATE BOARD OF EQUALIZATION

P.O. BOX 942879

SACRAMENTO, CA 94279-0001

PRESORTED
FIRST CLASS





MacDermid
INCORPORATED

3/24/92 Dennis D. Dickerson
for response this week

245 FREIGHT STREET - WATERBURY, CT 06702 - TELEPHONE (203) 575-5700 - TELEX 4436011 - INTL FAX 203-575-7900 - DOM FAX 203-575-5630

February 7, 1992

Mr. Dennis Dickerson
Regional Administrator
Dept. of Toxic Substance Controls
1405 No. San Fernando Blvd.
Burbank, CA 91504

818-567-3000
30016
3016

Re: MacDermid Los Angeles Warehouse Facility
EPA ID No. CAD 010707222

Dear Mr. Dickerson:

I spoke with a Sarah Amir, who advised me to contact you for assistance. We received January 9, 1992, a letter asking for our facility to register in reference to the Hazardous Substance Tax Law. I would like more information as to what this Law represents. Currently, MacDermid is considered a Part A interim status facility although we requested Closure in 1986.

We, in 1986, submitted a draft Closure Plan to Mr. John Hinton in Los Angeles. (See attached) We have not received status on this plan. We have, through the years, received several invoices for taxes based that we are a Storage Facility. We have asked that we not pay any taxes based on "Storage" since we have asked for Closure and are not acting as a Storage Facility. Please see the attached letters to the Board of Equalization September 15, 1987, response dated October 9, 1987 and March 3, 1988.

I would appreciate your getting back to me as to exactly what the January 9 letter is in reference to. MacDermid has an account number FF-HQ-36-015176, as registered with the Board of Equalization. According to this January 9 letter, we may need to obtain a new account number HF-HQ-38-XXXXXX. Please call me or write me at (203) 575-7947.

Sincerely,

Cherrie D. Gillis
Manager/Regulatory Affairs

CDG:mat

Attachments

cc: Mr. Joe Nelson
State Board of Equalization
1020 North Street
Sacramento, CA 94279

Gail Little, Tony Tranchida, Ed Kania

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

SACRAMENTO, CA 95814



cc Steve Ettinger.

Howard
CW

March 3, 1988

Mac Dermid Inc.
50 Brookside Road
Waterbury, CT 06720

Facility Fee Notice
FY 1987-88
EPA #CAD010707222
#FF HQ 36-015176

Gentlemen:

Based on the information on your petition for redetermination and review by the Toxic Substances Control Division, Department of Health Services, the following determination has been made.

You are not subject to a hazardous waste facility for FY 1986-87 and FY 1987-88 because of an exemption was granted in March 1982. We will recommend to the Board of Equalization that your petition be granted.

If you have any questions, please contact Dink Mather at (916) 323-6555.

Sincerely,

A handwritten signature in cursive script that reads 'Alex R. Cunningham'.

Alex R. Cunningham
Chief Deputy Director

cc: Wade Cornwell - No. California Section
Charlene Williams - No Coast Calif. Section
Harry Sneh - So. California Section
Steve Hanna - HWIS
Caroline Cabias - Haz. Waste Mgmt. Section
Board of Equalization - Excise Tax Unit



STATE BOARD OF EQUALIZATION

1020 N STREET, SACRAMENTO, CALIFORNIA
(P.O. BOX 942879, SACRAMENTO, CALIFORNIA 94279-0001)

Telephone (916) 445-2216

cc: Steve Ettinger

12/21/87

October 9, 1987

WILLIAM M. BENNETT
First District, Kentfield

CONWAY H. COLLIS
Second District, Los Angeles

ERNEST J. DRONENBURG, JR.
Third District, San Diego

PAUL CARPENTER
Fourth District, Los Angeles

GRAY DAVIS
Controller, Sacramento

DOUGLAS D. BELL
Executive Secretary

Mac Dermid Inc.
50 Brookside Road
Waterbury, CT 06720

Acct. # FF HQ 36-015176
Notice of Facility Fee
For The Period:
7/1/87 to 6/30/88

Gentlemen:

Your letter is acknowledged as a petition for redetermination of the Notice of Facility Fee noted above.

Your petition is being referred to the Department of Health Services for their review and consideration after which we will again communicate with you.

Sincerely,

R.M. Frank

Robert M. Frank
Supervisor
Excise Tax Unit

RMF:kds
0200K

cc: Department of Health Services, Toxic Substances Control Division.



MacDermid
INCORPORATED

C. T. Tranchesi
D. J. J. J.

50 BROOKSIDE ROAD - WATERBURY, CONNECTICUT 06708 - TELEPHONE (203) 575-5700 - TELEX 4436011

September 15, 1987

Board of Equalization
Excise Tax Unit
P. O. Box 942879
Sacramento, CA 94279-0001

213-620-2380

→ 916-322-9070

Mike Anglin

916-322-5025

Subject: Facility Fee Petition for Redetermination

Re: Equalization No. FFHQ36-015176

Gentlemen:

We received today the notice of facility fee, and we respectfully request a redetermination of this fee.

1. MacDermid has never been a treatment facility at our 5439 San Fernando Road West Los Angeles warehouse. We were and are still considered at this time by the California DOHS a Storage facility which by definition does not meet the criteria for a Large Storage facility which would store 1,000 or more tons of hazardous waste in any one month. MacDermid has never been a Large Storage facility.
2. Further, per the Notice of Facility Fee under "Preparation of Facility Fee Payment Schedule", Column A, Line 6, Other - (see attached) - I'm sorry I did not attach a copy of our Draft Closure Plan at that time in December of 1986. It is now attached.

As you can see by the enclosed Closure Plan correspondence, MacDermid submitted the Plan to the DOHS on December 14, 1986. We still have not heard from the DOHS on our Closure so we may change our Storage Status to that of a generator only.

We would like a redetermination on our tax status based on the following since we believe we owe no facility fee.

- a. MacDermid was never a treatment facility. There has not been any treatment of chemicals on the MacDermid property.
- b. MacDermid, as of December 1985, no longer accepted or stored hazardous waste known as recyclable material on the premises. Any wastes as now generated by MacDermid, we are operating on a 90-day or less basis for storage.

Board of Equalization
Excise Tax Unit
Sacramento, CA

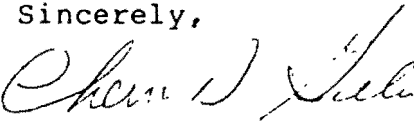
September 15, 1987

- 2 -

- c. A Closure Plan was submitted to the DOHS on December 14, 1986, and we are still waiting to hear from the DOHS.
- d. We believe the facility fee does not pertain to our facility under the current circumstances.

If you have any questions at all, please call me at 203-575-7947.

Sincerely,



Cherrie D. Gillis
Compliance Administrator

CDG:cw

Attachments: 1. Closure Plan
2. Notice of Facility Fee

cc: Mr. Dave Simmons



MacDermid
INCORPORATED

9/28/88 called - left message
for him to call me.

245 FREIGHT STREET - WATERBURY, CT 06702 - TELEPHONE (203) 575-5700 - TELEX 4436011 - INTL. FAX 203-575-7900 - DOM. FAX 203-575-5630

September 15, 1989

3012
818-567-3000

Mr. John Hinton
California Dept. of Health Services
Southern California
Section Toxic Substances Control Div.
107 South Broadway, Room 7128
Los Angeles, CA 90012

*Maxine
Janette
10/19/89*

Subject: MacDermid, Inc., Los Angeles
Closure Plan

Dear Mr. Hinton:

On December 14, 1986, Clayton (formerly McKesson Environmental Services) submitted a draft Closure Plan for the MacDermid, Inc. facility (EPA ID #CAD010707222) to your office, to the attention of Mr. Ken Hughs. This plan was the final item to be submitted in accordance with a compliance schedule approved by DOHS.

MacDermid, Inc. has not received any correspondence from the DOHS concerning this Closure Plan since 1986. We have continuously called the DOHS office, several times speaking with Jose Kou to ask the status of the Closure. We have been continuously told that MacDermid along with 300 plus others are on low priority for closure. This is the fourth year of no response from the DOHS.

MacDermid, Inc., would appreciate receiving the status of the Closure Plan and expediting procedures. We are not acting as a Storage Facility only as a Generator. Yet we are continuously treated through DOHS as a Storage Facility especially concerning various and sundry Storage Facility reports and taxes. We would appreciate your assistance.

Sincerely,

Cherrie D. Gillis

Cherrie D. Gillis
Compliance Administrator

CDG/dmb

*cc: F. Crum
Chandler*

Waterbury

Clayton Environmental Consultants, Inc.

1252 Quarry Lane • Pleasanton, California 94566 • (415) 426-2600

#7622-ES

April 8, 1987

Mr. John Hinton
Chief, Permitting Unit
Southern California Section
Toxic Substances Division
Department of Health Services
107 South Broadway, Room 7011
Los Angeles, CA 90012

RE: MacDermid, Inc. Closure Plan

Dear Mr. Hinton:

On December 14, 1986, Clayton (formerly McKesson Environmental Services) submitted a draft Closure Plan for the MacDermid, Inc. facility (EPA ID#CAD010707222) to your office, to the attention of Mr. Ken Hughs. This plan was the final item to be submitted in accordance with a compliance schedule approved by DOHS.

On April 4, 1987, I spoke with Mr. Hughs to determine the status of the Closure Plan. He informed me that the plan had been lost, and requested that another copy be submitted to your attention. Per that request, I have attached a copy of our original submission.

We look forward to receiving your comments concerning this plan. MacDermid wishes to implement the plan and resolve the matter as soon as possible.

Please let me know if you have any questions.

Sincerely,



Richard Fehler
Manager, Regulatory Affairs

cc: Ken Hughs, DOHS
Cherrie D. Gillis, MacDermid, Inc.

b:e731rf.1tr

213-620-2380
5/23/87: Called Hughs -
not even looked at yet -
went 6 weeks. end.
12/10/87 Called again - busy
one to call back.



MacDermid

INCORPORATED

245 Freight Street - Waterbury, Connecticut 06702 - Telephone (203) 575-5700
TELEX 4436011 * DOMESTIC FAX 203-575-5630

FACSIMILE

Date: 3-4-92 # Pages: 3
To: Sara Amir OF From: Cherrie Gillis
cc via FAX: _____ OF _____ cc: _____
_____ OF _____
Re: 818-567-3129 FAX #: _____

Sarah. This is the exemption.

FAXED
3/4/92

We have not in over 5 years brought material
to the facility for recycling.

This is why we want to go thru closure.

Cherrie

Phone 818-567-3139

DEPARTMENT OF HEALTH SERVICES

2151 BERKELEY WAY
BERKELEY, CA 94704

(415) 540-2043



A handwritten signature in dark ink, appearing to read 'Ray Koehler', with a horizontal line extending to the right.

March 24, 1982

Mr. Jim Tunnicliff
Operations Manager
MacDermid Incorporated
5439 San Fernando Road, West
Los Angeles, CA 90039

Dear Mr. Tunnicliff:

It has been determined that since California law, as explained below, exempts your type of operation with Union City Chemical Company and Sunland Chemical from permitting requirements, it will not be necessary for you to use a registered hazardous waste hauler nor a hazardous waste manifest to transport the spent etchant solution at this time.

According to California Hazardous Waste Control Law, "waste" is defined (§25122) as: 1) any material for which no use or reuse is intended and which is to be discarded, or 2) any recyclable material. However, the definition of "recyclable material" excludes (§25122.5(b)(4)) "material that is routinely reclaimed by an original manufacturer of such material, provided the reclamation is only a portion of such original manufacturer's normal production of such material".

It appears that this is the situation at MacDermid, where both companies, Sunland Chemical and Union City Chemical, produce an etchant solution which is patented by MacDermid, Inc. MacDermid also is the distributor of the etchant to clients for use in cleaning circuit boards. The clients return the spent solution to MacDermid, who in turn, sends the solution to Union City Chemical Company for regeneration. After regeneration, Union City Chemical Company returns the etchant solution to MacDermid for redistribution. This process does not qualify as recycling and the spent etchant does not qualify as a hazardous waste under current State law. I should emphasize, however, that this situation only applies when you bring back waste material for regeneration from a company to whom you provided the raw material. Thus, if you bring back to MacDermid spent etchant which was originally produced by another company, then a hazardous waste manifest and registered hauler would be necessary.

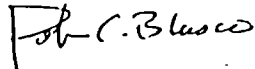
Mr. Tunnicliff

-2-

March 24, 1982

It should be noted that MacDermid is still responsible for complying with appropriate Department of Transportation requirements. If you have any questions, please feel free to call John Papathakis at (415) 540-2043.

Sincerely,

A handwritten signature in dark ink, appearing to read "John C. Blasco". The signature is written in a cursive style with a large initial "J" and "B".

John C. Blasco
Acting Regional Administrator
Hazardous Waste Management Branch

cc: William F. Jopling, Acting Chief
Permits, Surveillance & Enforcement Section
HWMB-Sacto



SCS ENGINEERS

STEARNS, CONRAD AND SCHMIOT
CONSULTING ENGINEERS, INC.

4014 LONG BEACH BOULEVARD
LONG BEACH, CALIFORNIA 90807
(213) 426-9544

July 12, 1983
File No. 18307-00

ROBERT P. STEARNS, PE
E.T. CONRAD, PE

Roderick A. Carr
Louis L. Guy, PE
Miles J. Haven
Michael W. McLaughlin
Gary L. Mitchell, PE
David E. Ross, PE
William L. Schubert
James J. Walsh, PE
John P. Woodyard, PE

Mr. John Hinton
State of California
Department of Health Services
Hazardous Waste Management Branch
107 South Broadway
Los Angeles, California 90012

Subject: Verification of Exemption from Hazardous Waste TSD
Facility Permit Requirements for Proposed Spent
Ammoniacal Etchant Recovery Facility in the City of
Los Angeles

Gentlemen:

SCS Engineers, Inc. has been contracted by MacDermid, Inc. to procure all of the necessary permits for the construction and operation of the subject facility. Our conversations with Mr. David Wong of your office indicate that it is prudent at this time to seek verification of our interpretation of the California Hazardous Waste Control Law as it pertains to MacDermid's proposed facility. Because the proposed facility would be engaged in the reclamation of an ammoniacal etchant solution originally manufactured by MacDermid, and because this activity would only constitute a portion of their normal production of this etchant, our interpretation of the law is that this facility would not be engaged in the treatment or storage of a hazardous waste, by definition, and therefore would not require any of the permits required for a hazardous waste TSD facility. This interpretation is supported by the attached letter dated March 24, 1982, from Mr. John Blasco of DHS, Berkeley, California, to Mr. Jim Tunnicliff of MacDermid, Inc. The determination in Mr. Blasco's letter was made in reference to MacDermid's Union City operation.

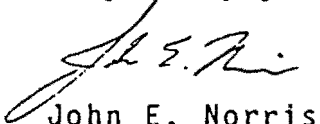
MacDermid, Inc. currently operates a warehouse on San Fernando Road in the City of Los Angeles. They are in the process of acquiring Sunland Chemical's ammoniacal etchant manufacturing plant located immediately adjacent to their warehouse. The ammoniacal etchants manufactured here are used in the production of electrical circuit boards. In addition, MacDermid is proposing the acquisition of another three parcels of land adjacent to their warehouse. On this land they propose to construct a facility for the recovery of spent ammoniacal etchant solutions. Basically, the recovery process consists of taking the copper-laden spent etchant solution and converting it back into fresh etchant solution and marketable copper salts.

Mr. John Hinton
July 12, 1983
Page Two

As previously stated, the proposed facility would process only spent solution which was originally manufactured by MacDermid, Inc. It should be noted that this spent solution is at no time considered a "waste". On the contrary, it is considered a valuable chemical useful in the manufacturing of MacDermid's chemical products. The recovery process is very efficient and generates only a small amount of heavy metal sludge. We understand that this sludge is considered hazardous under California law, that it will require proper handling and disposal, and that MacDermid will have to register as a hazardous waste generator. MacDermid currently operates an identical facility in Waterbury, Connecticut. Detailed descriptions of the proposed processes, chemical requirements, flow volumes, tank designs, appurtenant controls, etc., are enclosed for review.

MacDermid is anxious to proceed with the development of their facility as soon as possible. For this reason, we would be very appreciative if you could provide both verbal and written verification of our legal interpretation as expeditiously as possible. If you require further information, please contact the undersigned or Dr. Jasenka Zbozinek at this office.

Very truly yours,



John E. Norris
Staff Engineer
SCS ENGINEERS

JN/jj
Enclosures

cc: J. Zbozinek
J. Tunnicliff



SCS ENGINEERS

STEARNS, CONRAD AND SCHMIDT
CONSULTING ENGINEERS, INC.

4014 LONG BEACH BOULEVARD
LONG BEACH, CALIFORNIA 90807
(213) 426-9544

July 12, 1983
File No. 18307-00

Ca
ROBERT P. STEARNS, PE
E.T. CONRAD, PE

Roderick A. Carr
Louis L. Guy, PE
Miles J. Haven
Michael W. McLaughlin
Gary L. Mitchell, PE
David E. Ross, PE
William L. Schubert
James J. Walsh, PE
John P. Woodyard, PE

Mr. John Hinton
State of California
Department of Health Services
Hazardous Waste Management Branch
107 South Broadway
Los Angeles, California 90012

Subject: Verification of Exemption from Hazardous Waste TSD
Facility Permit Requirements for Proposed Spent
Ammoniacal Etchant Recovery Facility in the City of
Los Angeles

Gentlemen:

SCS Engineers, Inc. has been contracted by MacDermid, Inc. to procure all of the necessary permits for the construction and operation of the subject facility. Our conversations with Mr. David Wong of your office indicate that it is prudent at this time to seek verification of our interpretation of the California Hazardous Waste Control Law as it pertains to MacDermid's proposed facility. Because the proposed facility would be engaged in the reclamation of an ammoniacal etchant solution originally manufactured by MacDermid, and because this activity would only constitute a portion of their normal production of this etchant, our interpretation of the law is that this facility would not be engaged in the treatment or storage of a hazardous waste, by definition, and therefore would not require any of the permits required for a hazardous waste TSD facility. This interpretation is supported by the attached letter dated March 24, 1982, from Mr. John Blasco of DHS, Berkeley, California, to Mr. Jim Tunnicliff of MacDermid, Inc. The determination in Mr. Blasco's letter was made in reference to MacDermid's Union City operation.

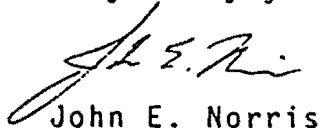
MacDermid, Inc. currently operates a warehouse on San Fernando Road in the City of Los Angeles. They are in the process of acquiring Sunland Chemical's ammoniacal etchant manufacturing plant located immediately adjacent to their warehouse. The ammoniacal etchants manufactured here are used in the production of electrical circuit boards. In addition, MacDermid is proposing the acquisition of another three parcels of land adjacent to their warehouse. On this land they propose to construct a facility for the recovery of spent ammoniacal etchant solutions. Basically, the recovery process consists of taking the copper-laden spent etchant solution and converting it back into fresh etchant solution and marketable copper salts.

Mr. John Hinton
July 12, 1983
Page Two

As previously stated, the proposed facility would process only spent solution which was originally manufactured by MacDermid, Inc. It should be noted that this spent solution is at no time considered a "waste". On the contrary, it is considered a valuable chemical useful in the manufacturing of MacDermid's chemical products. The recovery process is very efficient and generates only a small amount of heavy metal sludge. We understand that this sludge is considered hazardous under California law, that it will require proper handling and disposal, and that MacDermid will have to register as a hazardous waste generator. MacDermid currently operates an identical facility in Waterbury, Connecticut. Detailed descriptions of the proposed processes, chemical requirements, flow volumes, tank designs, appurtenant controls, etc., are enclosed for review.

MacDermid is anxious to proceed with the development of their facility as soon as possible. For this reason, we would be very appreciative if you could provide both verbal and written verification of our legal interpretation as expeditiously as possible. If you require further information, please contact the undersigned or Dr. Jasenka Zbozinek at this office.

Very truly yours,


John E. Norris
Staff Engineer
SCS ENGINEERS

JN/jj
Enclosures

cc: J. Zbozinek
J. Tunnicliff

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814



cc Steve Ettinger.
hazard-
ca

Mac Dermid Inc.
50 Brookside Road
Waterbury, CT 06720

March 3, 1988

Facility Fee Notice
FY 1987-88
EPA #CAD010707222
#FF HQ 36-015176

Gentlemen:

Based on the information on your petition for redetermination and review by the Toxic Substances Control Division, Department of Health Services, the following determination has been made.

You are not subject to a hazardous waste facility for FY 1986-87 and FY 1987-88 because of an exemption was granted in March 1982. We will recommend to the Board of Equalization that your petition be granted.

If you have any questions, please contact Dink Mather at (916) 323-6555.

Sincerely,

Alex R. Cunningham

Alex R. Cunningham
Chief Deputy Director

cc: Wade Cornwell - No. California Section
Charlene Williams - No Coast Calif. Section
Harry Sneh - So. California Section
Steve Hanna - HWIS
Caroline Cabias - Haz. Waste Mgmt. Section
Board of Equalization - Excise Tax Unit



cc: Steve Ettinger

12/21/87

STATE BOARD OF EQUALIZATION

1020 N STREET, SACRAMENTO, CALIFORNIA

(P O BOX 942879, SACRAMENTO, CALIFORNIA 94279-0001)

Telephone (916) 445-2216

WILLIAM M. BENNETT
First District, Kentfield

CONWAY H. COLLIS
Second District, Los Angeles

ERNEST J. DRONENBURG, JR.
Third District, San Diego

PAUL CARPENTER
Fourth District, Los Angeles

GRAY DAVIS
Controller, Sacramento

DOUGLAS D. BELL
Executive Secretary

October 9, 1987

Mac Dermid Inc.
50 Brookside Road
Waterbury, CT 06720

Acct. # FF HQ 36-015176
Notice of Facility Fee
For The Period:
7/1/87 to 6/30/88

Gentlemen:

Your letter is acknowledged as a petition for redetermination of the Notice of Facility Fee noted above.

Your petition is being referred to the Department of Health Services for their review and consideration after which we will again communicate with you.

Sincerely,

R.M. Frank

Robert M. Frank
Supervisor
Excise Tax Unit

RMF:kds
0200K

cc: Department of Health Services, Toxic Substances Control Division.



MacDermid
INCORPORATED

*Co. T Tranchesi
D. J. J. J.*

50 BROOKSIDE ROAD - WATERBURY, CONNECTICUT 06708 - TELEPHONE (203) 575-5700 - TELEX 4436011

September 15, 1987

Board of Equalization
Excise Tax Unit
P. O. Box 942879
Sacramento, CA 94279-0001

*213-620-2380
→ 916-322-9070*

*Mike Anglin
916-322-5025*

Subject: Facility Fee Petition for Redetermination

Re: Equalization No. FFHQ36-015176

Gentlemen:

We received today the notice of facility fee, and we respectfully request a redetermination of this fee.

1. MacDermid has never been a treatment facility at our 5439 San Fernando Road West Los Angeles warehouse. We were and are still considered at this time by the California DOHS a Storage facility which by definition does not meet the criteria for a Large Storage facility which would store 1,000 or more tons of hazardous waste in any one month. MacDermid has never been a Large Storage facility.
2. Further, per the Notice of Facility Fee under "Preparation of Facility Fee Payment Schedule", Column A, Line 6, Other - (see attached) - I'm sorry I did not attach a copy of our Draft Closure Plan at that time in December of 1986. It is now attached.

As you can see by the enclosed Closure Plan correspondence, MacDermid submitted the Plan to the DOHS on December 14, 1986. We still have not heard from the DOHS on our Closure so we may change our Storage Status to that of a generator only.

We would like a redetermination on our tax status based on the following since we believe we owe no facility fee.

- a. MacDermid was never a treatment facility. There has not been any treatment of chemicals on the MacDermid property.
- b. MacDermid, as of December 1985, no longer accepted or stored hazardous waste known as recyclable material on the premises. Any wastes as now generated by MacDermid, we are operating on a 90-day or less basis for storage.

Board of Equalization
Excise Tax Unit
Sacramento, CA

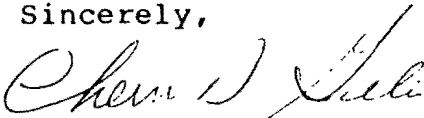
September 15, 1987

- 2 -

- c. A Closure Plan was submitted to the DOHS on December 14, 1986, and we are still waiting to hear from the DOHS.
- d. We believe the facility fee does not pertain to our facility under the current circumstances.

If you have any questions at all, please call me at 203-575-7947.

Sincerely,



Cherrie D. Gillis
Compliance Administrator

CDG:cw

Attachments: 1. Closure Plan
2. Notice of Facility Fee

cc: Mr. Dave Simmons

Clayton Environmental Consultants, Inc.

1252 Quarry Lane • Pleasanton, California 94566 • (415) 426-2600

#7622-ES

April 8, 1987

Mr. John Hinton
Chief, Permitting Unit
Southern California Section
Toxic Substances Division
Department of Health Services
107 South Broadway, Room 7011
Los Angeles, CA 90012

213-620-2380

RE: MacDermid, Inc. Closure Plan

Dear Mr. Hinton:

On December 14, 1986, Clayton (formerly McKesson Environmental Services) submitted a draft Closure Plan for the MacDermid, Inc. facility (EPA ID#CAD010707222) to your office, to the attention of Mr. Ken Hughs. This plan was the final item to be submitted in accordance with a compliance schedule approved by DOHS.

On April 4, 1987, I spoke with Mr. Hughs to determine the status of the Closure Plan. He informed me that the plan had been lost, and requested that another copy be submitted to your attention. Per that request, I have attached a copy of our original submission.

We look forward to receiving your comments concerning this plan. MacDermid wishes to implement the plan and resolve the matter as soon as possible.

Please let me know if you have any questions.

Sincerely,



Richard Fehler
Manager, Regulatory Affairs

cc: Ken Hughs, DOHS
Cherrie D. Gillis, MacDermid, Inc.

b:e73lrf.1tr



MacDermid
INCORPORATED

50 BROOKSIDE ROAD - WATERBURY, CONNECTICUT 06720 - TELEPHONE (203) 575-5700 - TELEX 4436011

December 3, 1986

LA

Board of Equalization
Excise Tax Unit
P.O. Box 647
Sacramento, CA 95803

Subject: Facility Fee

Reference: EPA ID: CAD010707222

Gentlemen:

Per instruction 6 on the Facility Fee Schedule, enclosed is a letter to the DOHS dated May 14, 1986. On the second page we have stated our termination of Storage Activities under Interim Status.

As of January 1986, we became in essence, a generator only. We are still going through formal proceedings for closure.

At this time, the Facility Fee Schedule is not applicable to MacDermid, Inc.

Sincerley,

Cherrie D. Gillis
Compliance Administrator

Enclosure

cc: Janice Moran
Jim Tunnicliff

BT 401-J-1 (10-86)

DUPLICATE - KEEP FOR YOUR RECORDS

STATE OF
CALIFORNIAP.O. BOX 647
SACRAMENTO CA 95803BOARD OF EQUALIZATION
HAZARDOUS WASTE CONTROL ACCOUNT

8186

NOTICE OF FACILITY FEE

Due on or before 11/1/86 for State Fiscal Year 7/1/86 to 6/30/87


CADD10707222

Mail to:

BOARD OF EQUALIZATION
EXCISE TAX UNIT
P.O. BOX 647
SACRAMENTO CA 95803
(916) 322 9070MACDERMID INCORPORATED
5439 SAN FERNANDO RD WEST
LOS ANGELES CA 90039Read Instructions On
Back Before PreparingMake Changes Above If
Name or Address Incorrect

FACILITY FEE PAYMENT SCHEDULE

A	B	C	D
TYPES AND SIZES OF FACILITIES.	NO. OF PERMITS	ANNUAL FEE	TOTAL ANNUAL FEES BY CATEGORY (Col B x C)
DISPOSAL FACILITY is a 1. hazardous waste facility used for the disposal of hazardous wastes.		\$61,270.00	0
LARGE TREATMENT FACILITY is a treatment 2. facility which treats or recycles 1,000 or more tons of hazardous waste in any one month of the state's current fiscal year.		\$18,381.00	0
SMALL TREATMENT FACILITY is a 3. treatment facility which does not meet the criteria for a large treatment facility.		\$12,254.00	0
LARGE STORAGE FACILITY is a storage 4. facility which stores 1,000 or more tons of hazardous waste in any one month of the state's current fiscal year.		\$12,254.00	0
SMALL STORAGE FACILITY is a 5. storage facility which does not meet the criteria for a large storage facility.		\$ 6,127.00	0
6. OTHER. An explanation must be attached. See instructions on back.		\$ 00.00	0
7. Total amount of annual fee(s). (Add amounts in column D)			\$ 0
8. TOTAL AMOUNT DUE AND PAYABLE. (Divide amount on line 7 by 2)			\$ 0

I hereby certify that this notice, including any accompanying statements
is true and correct to the best of my knowledge and belief.SIGNATURE
AND TITLE

 PHONE (203) 575-5700

MAKE CHECK OR MONEY ORDER PAYABLE TO STATE BOARD OF EQUALIZATION

NOTICE OF FACILITY FEE

GENERAL

Pursuant to Section 25205.2 of the Health and Safety Code, effective July 1, 1986, each operator of a facility shall pay a facility fee for each state fiscal year, or any portion thereof, to the State Board of Equalization. "Facility" means a hazardous waste storage, treatment, or disposal facility, including a resource recovery facility or waste transfer station, which has been issued a permit or a grant of interim status by the Department of Health Services. This includes facilities accepting infectious waste for disposal. "Facility" does not include any facility operated by a local government agency which is used exclusively for household hazardous waste collection. The Department of Health Services has identified you as an operator of a facility, therefore, you must complete the Facility Fee Payment Schedule on the front of this notice and remit any amounts due to the State Board of Equalization. The total fee is due in equal semiannual installments on 11/1/86 and 4/1/87. If you do not receive a billing for the second installment, it is your responsibility to make timely payment. Late payments are subject to a penalty of 10% (.10) and interest at the rate then in effect.

FILING REQUIREMENTS

The fee is due for each permit and/or grant of interim status you hold even if you hold more than one at a given location. You must report the number of permits and/or grants of interim status by the type and size as indicated on the Facility Fee Payment Schedule. If a permit or grant of interim status falls under more than one category, you must include that permit or grant of interim status in the category with the greater rate. For example, if you hold a permit allowing you to operate as both a LARGE TREATMENT FACILITY with a fee of \$18,381.00 (line 2) and a SMALL STORAGE FACILITY with a fee of \$6,127.00 (line 5) you must count that permit as being subject to the greater LARGE TREATMENT FACILITY fee. If you require additional assistance, please call one of the following Department of Health Services offices:

Berkeley: (415) 540 2043
Fresno: (209) 445 5938
Los Angeles: (213) 620 2380
Sacramento: (916) 739 3145
San Diego: (619) 236 4717

PREPARATION OF FACILITY FEE PAYMENT SCHEDULE

COLUMN A. TYPES AND SIZES OF FACILITIES.

LINE 1 - 5. Determine the type and size for each permit and/or grant of interim status as explained in the FILING REQUIREMENTS above.

LINE 6. OTHER. If you are not required to pay a fee, you must attach a detailed explanation. ~~If you applied for closure and did not accept hazardous waste after June 30, 1986, you must enclose a copy of your request for closure.~~ If you have a permit variance granted by the Department of Health Services, you must attach a copy.

COLUMN B. NO. OF PERMITS. Enter the number of permits and/or grants of interim status you hold for each type of facility.

COLUMN D. TOTAL ANNUAL FEE DUE BY CATEGORY. Multiply Column B (No. of Permits) x Column C (Fee) for lines 1 thru 5. Enter the result for each line in Column D.

LINE 7. Add all amounts in Column D and enter the total.

LINE 8. TOTAL AMOUNT DUE AND PAYABLE. Divide the amount on line 7 by 2. This is the amount due from you.

If during the course of the state's current fiscal year you find that you fall under a category other than the category originally reported, you must notify the Board.

STATE OF CALIFORNIA
EXCISE TAX UNITP.O. BOX 647
SACRAMENTO, CA 95803-0647
(916) 322-9070BOARD OF EQUALIZATION
HAZARDOUS WASTE CONTROL ACCOUNT**NOTICE OF FACILITY FEE - FIRST INSTALLMENT****8187 871001****Due on or before 10/01/87 for the State Fiscal Year 07/01/87 to 06/30/88****FF HQ 36-015176**

Mail to:

BOARD OF EQUALIZATION
EXCISE TAX UNIT
P.O. BOX 647
SACRAMENTO, CA 95803-0647

5439 SAN FERNANDO ROAD WEST L.A.

MAC DERMID INC.
50 BROOKSIDE ROAD
WATERBURY, CT 06720

EPA # CAD010707222

FEE CATEGORY	FACILITY TYPE	NUMBER OF PERMITS	RATE PER LOCATION	FEES DUE BY CATEGORY (No. of Permits X Rate)
3	SMALL TREATMENT	1	\$19,668.00	\$ 19,668.00
Total fees for this fiscal year				\$ 19,668.00
FIRST INSTALLMENT NOW DUE				\$ 9,834.00
A 10% PENALTY is due if not paid by 10/01/87.				\$ _____
INTEREST of 11% per annum (0.009167 per month) is due if payment is made after 10/01/87.				\$ _____
AMOUNT ENCLOSED				\$ _____

DUPLICATE - KEEP FOR YOUR RECORDS

The Department of Health Services has notified us that you are responsible for Facility Fee(s) as indicated above.

The first installment of 50% of your fees is due and payable. The second installment will be due on or before April 1, 1988. We will send you a billing for that amount on or about March 1, 1988.

MAKE CHECK OR MONEY ORDER PAYABLE TO THE STATE BOARD OF EQUALIZATION
Always write your Account Number on your Check or Money Order

STATE OF CALIFORNIA
EXCISE TAX UNITP.O. BOX 647
SACRAMENTO, CA. 95803-0647
(916) 322-9070BOARD OF EQUALIZATION
HAZARDOUS WASTE CONTROL ACCOUNT**NOTICE OF FACILITY FEE - FIRST INSTALLMENT****8187 871001****Due on or before 10/01/87 for the State Fiscal Year 07/01/87 to 06/30/88****FF HQ 36-015176**

Mail to:

BOARD OF EQUALIZATION
EXCISE TAX UNIT
P.O. BOX 647
SACRAMENTO, CA 95803-0647

5439 SAN FERNANDO ROAD WEST L.A.

MAC DERMID INC.
50 BROOKSIDE ROAD
WATERBURY, CT 06720

EPA # CAD010707222

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Total fees for this fiscal year				\$ 19,668.00
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AMOUNT ENCLOSED				\$ _____

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MAKE CHECK OR MONEY ORDER PAYABLE TO THE STATE BOARD OF EQUALIZATION
Always write your Account Number on your Check or Money Order



STATE BOARD OF EQUALIZATION

1020 N STREET, SACRAMENTO, CALIFORNIA
(P.O. BOX 942879, SACRAMENTO, CALIFORNIA 94279-0001)
(916) 322-9070

WILLIAM M. BENNETT
First District, Kentfield

CONWAY H. COLLIS
Second District, Los Angeles

ERNEST J. DRONENBURG, JR.
Third District, San Diego

PAUL CARPENTER
Fourth District, Los Angeles

GRAY DAVIS
Controller, Sacramento

DOUGLAS D. BELL
Executive Secretary

NOTICE OF FACILITY FEE

The Department of Health Services, Toxic Substances Control Division, has identified your firm as a facility for the treatment, storage or disposal of hazardous waste. The law defines a facility as a location in California which has been issued a permit or granted interim status by the Department of Health Services to store, treat or dispose of, hazardous waste. Included in this definition are waste transfer stations, resource recovery and infectious waste facilities.

The Notice of Determination enclosed further identifies your facility by type and size. The appropriate rate has been multiplied by the number of permits held by your firm to establish the total fee due. You are required to pay this fee in two equal installments. The first installment is due and payable on or before October 1, 1987 or 30 days after the date of the notice of determination, whichever is later. The second installment is due and payable on or before April 1, 1988.

A person against whom a determination is made or any person directly interested may petition for redetermination within 30 days of the date of the Notice of Determination. A petition for redetermination must be in writing, state the specific grounds and be timely. In order to assist you in the filing of a petition you may complete the back of this notice and submit it as a petition for the Facility Fee. Petitions for redetermination relating to the Facility Fee should be mailed to the Board of Equalization, Excise Tax Unit, P.O. Box 942879, Sacramento, CA 94279-0001.

STATE BOARD OF EQUALIZATION

Board of Equalization
Excise Tax Unit
P.O. Box 942879
Sacramento, CA 94279-0001

RE: Facility Fee Petition For Redetermination

Name:

Business Address:

Mailing Address:

EPA Number:

Equalization Number: FF HQ 36-015176

Gentlemen:

The above firm hereby petitions for redetermination of amounts due under the Hazardous Waste Control Account as determined by the Notice of Determination dated _____.

My petition is based upon the following grounds: (Please attach copies of relevant correspondence.)

☐ Variance granted (date) _____

☐ Certified Closed by the Department of Health Services (date) _____

☐ Never Operated a Treatment, Storage or Disposal (TSD) Facility

☒ Facility Type Incorrect Storage only (Small Storage Facility definition)

See attached letter & Draft Closure Plan Submitted to DOTS

☐ Other _____

I certify the above is true and correct to the best of my knowledge.

Signed: Catherine D. Jellin
Title Compliance Admin
Phone (203) 575-4947

(0120S)

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN
TO



Print Sender's name, address, and ZIP Code in the space below.

MacDermid Inc.
245 Freight Street
Waterbury CT 06702

Cherry Hillis

NOTIFY SENDER OF NEW
CALIF DEPT OF HEALTH
1405 N SAN FERNANDO
BURBANK CA 91504-41

PS Form 3811, Mar. 1988 U.S.G.P.O. 1988-212

1. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

2. ☐ Show to whom delivered, date, and addressee's address. (Extra charge)

3. Article Addressed to: *Mr. John Wilson*

4. Article Number: *P. 645-106*

5. Signature A Address: *Los Angeles, CA 90027-1128*

6. Signature B Address: *507 South Broadway Room 507 Los Angeles, CA 90027-1128*

7. Date of Delivery: *10-3-89*

8. Signature - Agent: *[Signature]*

9. Signature - Agent: *[Signature]*

10. Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Return Receipt ☐ Express Mail ☐ Registered Mail

11. Always obtain signature of addressee of agent and date delivered.

12. Addressee's Address (ONLY IF requested and fee paid)

STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES (see front)

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811
6. Save this receipt and present it if you make inquiry

* U.S.G.P.O. 1988-217-132

PS Form 3800, June 1985

Return Receipt, showing to whom and Date Delivered		Insured (Over \$500)	Registered (Over \$500)	Signature
Return Receipt, showing to whom, Date and Address of Delivery				
TOTAL Postage and Fees				
Postmark or Date				

Sent to Mr. John Horton
 Street and No. 107 South Broadway, 7128
 City Los Angeles, CA. 90019
 State CA
 Zip 90019
 Registered (Over \$500) 85
 Insured (Over \$500) 90
 TOTAL Postage and Fees \$2.00
 Postmark or Date SEP 15 1985

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

P 067 645 106



MacDermid
INCORPORATED

9/28/88 called - left message
for him to call me.

245 FREIGHT STREET - WATERBURY, CT 06702 - TELEPHONE (203) 575-5700 - TELEX 4436011 - INTL. FAX 203-575-7900 - DOM. FAX 203-575-5630

September 15, 1989

3012A
818-567-3000
Maxine
Janette
10/19/89

Mr. John Hinton
California Dept. of Health Services
Southern California
Section Toxic Substances Control Div.
107 South Broadway, Room 7128
Los Angeles, CA 90012

Subject: MacDermid, Inc., Los Angeles
Closure Plan

DEar Mr. Hinton:

On December 14, 1986, Clayton (formerly McKesson Environmental Services) submitted a draft Closure Plan for the MacDermid, Inc. facility (EPA ID #CAD010707222) to your office, to the attention of Mr. Ken Hughs. This plan was the final item to be submitted in accordance with a compliance schedule approved by DOHS.

MacDermid, Inc. has not received any correspondence from the DOHS concerning this CLOSure Plan since 1986. We have continuously called the DOHS office, several times speaking with Jose Kou to ask the status of the CLOSure. We have been continuously told that MacDermid along with 300 plus others are on low priority for closure. This is the fourth year of no response from the DOHS.

MacDermid, Inc., would appreciate receiving the status of the Closure Plan and expediting procedures. We are not acting as a Storage Facility only as a Generator. Yet we are continuously treated through DOHS as a Storage Facility especially concerning various and sundry Storage Facility reports and taxes. We would appreciate your assistance.

Sincerely,

Cherrie D. Gillis
Compliance Administrator

CDG/dmb

Co. 7 Chance
Chandler



50 BROOKSIDE ROAD - WATERBURY, CONNECTICUT 06720 - TELEPHONE (203) 575-5700 - TELEX 4436011

May 9, 1988

CC: T-2-2
EPA

Mr. John Hinton
California Dept. of Health Services
Southern California
Section Toxics Substances Control Div.
107 South Broadway, Room 7128
Los Angeles, CA 90012

Subject: Letter received 4/29/88 concerning Part B.

Dear Mr. Hinton:

To confirm, MacDermid already submitted a Draft Closure Plan two years ago to close the facility as a recycling storage facility. I was told in December of 1987 that our Draft Closure is very low on priority and would not be reviewed for close to another year.

I am enclosing the form information regarding Potential Releases Solid Waste Management Units as the letter requested. I do not believe that this request would pertain to MacDermid since we started the closure procedures two years ago.

If you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script, appearing to read "Cherrie D. Gillis".

Cherrie D. Gillis
Compliance Administrator

CDG:hi

Enclosure

INFORMATION REGARDING POTENTIAL RELEASES FROM
SOLID WASTE MANAGEMENT UNITS

FACILITY NAME: Mac.Dormid, Inc.
EPA I. D. NUMBER: CAD010707222
LOCATION City 5439 San Fernando Rd. W.
State Los Angeles, CA

1. Are there any of the following solid waste management units (existing or closed) at your facility? NOTE - DO NOT INCLUDE HAZARDOUS WASTE UNITS CURRENTLY SHOWN IN YOUR PART A OR B APPLICATION

	<u>Yes</u>	<u>No</u>
• Landfill	—	X
• Surface Impoundment	—	X
• Land Farm	—	X
• Incinerator	—	X
• Storage Tank (Above Ground)	—	X
• Storage Tank (Underground)	—	X
• Container Storage Area	—	X
• Injection Wells	—	X
• Wastewater Treatment Units	—	X
• Transfer Stations	—	X
• Waste Recycling Operations <u>Under Closure</u>	—	X
• Other Waste Handling Areas Not Covered Above	—	X

2. If there are "Yes" answers to any of the items in Number 1 above, please provide a description of the wastes that were stored, treated or disposed of in each unit. In particular, please focus on whether or not the wastes would be considered as hazardous waste or hazardous constituents under RCRA. Also, include any available data on quantities or volumes of wastes disposed of and the dates of disposal. Please also provide a description of each unit and include capacity, dimensions, location at facility, provide a site plan if available.

NOTE: Hazardous wastes are those identified in 40 CFR Part 261. Hazardous constituents are those listed in Appendix VIII of 40 CFR Part 261.

3. For the units noted in Number 1 above and also those hazardous waste units in your Part A or B application, please describe for each unit any data available on any prior or current releases of hazardous wastes or constituents to the environment that may have occurred in the past or may still be occurring.

Please provide the following information:

- a. Date of release
- b. Type of waste released
- c. Quantity or volume of waste released
- d. Describe nature of release (i.e., spill, overflow, ruptured pipe or tank, etc.)

None to our knowledge

4. In regard to the prior releases described in Number 3 above, please provide (for each unit) any analytical data that may be available which would describe the nature and extent of environmental contamination that exists as a result of such releases. Please focus on concentrations of hazardous wastes or constituents present in contaminated soil or groundwater.

Not applicable

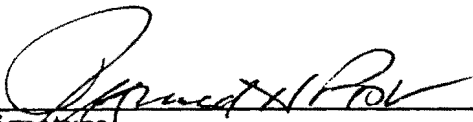
5. Describe the approximate dates and locations of product spills and releases which have occurred or are recurring at your facility and any cleanup operations which have occurred relative to these incidents.

None to our knowledge

Signature and Certification

As with reports in RCRA Permit Applications, submittal of this information must contain the following certification and signature by a principal executive officer, of at least the level of Vice President or by a duly authorized representative of that person:

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that based on my inquiry of those individuals immediately responsible for obtaining the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.


Signature

Name and Title (Typed)

INSTRUCTION FOR COMPLETING ENCLOSURE A

"INFORMATION REGARDING POTENTIAL RELEASES FROM
SOLID WASTE MANAGEMENT UNITS"

Prior to any final determination regarding your interim status permit, we must assess any past releases of hazardous waste or constituents from any active or closed solid or hazardous waste management unit(s) on the facility property. In order to accomplish this, you are requested to submit the following information:

- 1) For all waste handling units on your property (including landfills, storage facilities, waste piles, surface impoundments, wastewater treatment units, injection wells, transfer facilities, resource recovery facilities, and any other waste handling operation), identify all past and present releases and spills of waste material. Include both solid and hazardous wastes. Give the approximate dates and locations of each spill or release.
- 2) List the approximate dates and locations of product spills, leaks, releases, and drippings (other than into a product tank) which have occurred or are recurring at your facility.
- 3) Identify all areas on your facility property where any products or wastes have been buried, impounded, spilled, or leaked.
- 4) For all items identified above, describe the composition of the material and the process or activity from which it resulted or in which it was used.

All facility records should be reviewed in obtaining the requested information, including the personal recollection of longtime employees and past owners and operators. This information is requested under the authority of Section 3007 of RCRA. A handler of hazardous waste who fails to provide information requested under Section 3007 violates the law and may be subject to enforcement action, including administrative penalties, under Section 3008 of RCRA.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION IX

215 Fremont Street
San Francisco, Ca. 94105

April 29, 1988

ATTN. T-2-2

cc follows
addressalsr

Draft - WP 5/8

THE FOLLOWING IS
A LIST OF FACILITIES AND UNITS
LOS ANGELES, CA 90012
ATTN: PUBLIC INFORMATION OFFICER
EPA (10) 100-100-100

To Whom It May Concern

Your facility submitted a Part A form as a treatment and/or storage facility under the provisions of the Resource Conservation and Recovery Act (RCRA). For treatment and/or storage facilities and units that were in interim status on November 8, 1984, RCRA requires that permit determinations be made by November 8, 1992. To ensure that this objective is met, Congress required all such facilities to submit a Part B permit application by November 8, 1988. Failure to do so will automatically result in the termination of interim status on November 8, 1992, unless a permit determination is made before then.

If you have already submitted a Part B application (sometimes called an operation plan) for the storage and/or treatment units to EPA or the California Department of Health Services (DHS), you do not need to re-submit it. EPA or DHS may be requesting additional information in the future to fulfill any Part B deficiency.

You may elect to discontinue treating or storing hazardous waste before November 8, 1992. If that is the case you are not obligated to submit a Part B permit application by November 8, 1988. If you wish to continue hazardous waste management activities beyond November 8, 1992, you must submit a Part B application by November 8, 1988. Regardless of your decision on continued operation, you must submit the information requested in Enclosure A. After receipt of that information, you will be contacted to address any past practices that require corrective action and to address closure (decontamination) of the hazardous waste treatment or storage portion of your operation. Instructions for supplying this mandatory information are contained in Enclosure B.

EPA and DHS are working in close partnership in making these permit determinations. Please submit your Part B application (2 copies) and Enclosure A to the DHS office indicated below, and send a copy of your transmittal letter and a copy of Enclosure A to EPA at the letterhead address, attention: T-2-2.

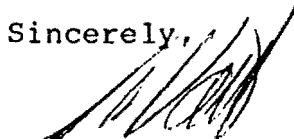
California Department of Health Services
Southern California Section
Toxic Substances Control Division
107 South Broadway, Room 7128
Los Angeles, CA 90012
Attention: John Hinton

Additional copies may be required later by EPA or DHS.

We are requesting that you notify EPA and DHS within 30 days as to whether you will be submitting a Part B application prior to November 8, 1988, or choosing to discontinue hazardous waste operation prior to November 8, 1992.

Because we expect to receive more applications than we will have resources to handle, the applications will be processed utilizing a priority scheme. This scheme will be based on factors such as environmental significance, desire to continue to operate, type of operation, and capacity, among others. You will be contacted by EPA and/or DHS after we have begun processing your application and identify any further information needed.

Sincerely,



Rich Vaille, P.E.
Program Manager
Office of Waste Programs
Toxics and Waste Management Division

Enclosures

cc: John Hinton. SCS

Clayton Environmental Consultants, Inc.

1252 Quarry Lane • Pleasanton, California 94566 • (415) 426-2600

#7622-ES

April 8, 1987

Mr. John Hinton
Chief, Permitting Unit
Southern California Section
Toxic Substances Division
Department of Health Services
107 South Broadway, Room 7011
Los Angeles, CA 90012

RE: MacDermid, Inc. Closure Plan

Dear Mr. Hinton:

On December 14, 1986, Clayton (formerly McKesson Environmental Services) submitted a draft Closure Plan for the MacDermid, Inc. facility (EPA ID#CAD010707222) to your office, to the attention of Mr. Ken Hughs. This plan was the final item to be submitted in accordance with a compliance schedule approved by DOHS.

On April 4, 1987, I spoke with Mr. Hughs to determine the status of the Closure Plan. He informed me that the plan had been lost, and requested that another copy be submitted to your attention. Per that request, I have attached a copy of our original submission.

We look forward to receiving your comments concerning this plan. MacDermid wishes to implement the plan and resolve the matter as soon as possible.

Please let me know if you have any questions.

Sincerely,



Richard Fehler
Manager, Regulatory Affairs

cc: Ken Hughs, DOHS
Cherrie D. Gillis, MacDermid, Inc.

b:e73lrf.1tr

2.13-620-2380
5/23/87: Called Hughs -
not even looked at it -
wait 6 weeks. end.
12/10/87 Called again - Hughs
ans to call back.

McKesson

December 14, 1986

7622-ES

Mr. Kenneth Hughes
Surveillance & Enforcement Unit
Southern California Section
Toxic Substances Division
Department of Health Services
107 South Broadway, Room 7011
Los Angeles, CA 90012

RE: MACDERMID, INC. CLOSURE PLAN

Dear Mr. Hughes:

Attached is the draft copy of MacDermid's Closure Plan. As you know, finalization of the closure plan is the final item on MacDermid's compliance schedule.

Please let me know if you have any questions concerning this submission. I will be looking forward to receiving your comments.

Sincerely,



Richard Fehler
Manager, Regulatory Affairs

cc: Cherrie Gillis
MacDermid, Inc.
Anne Rogers
Nutter, McLennon & Fish
Julian Gresser
Nutter, McLennon & Fish

RF/kw
368

DRAFT

CLOSURE PLAN

MACDERMID INCORPORATED
5439 San Fernando Road West
Los Angeles, California 90039

EPA ID #CAD 010707222

Submitted to:
Mr. Kenneth Hughes
Surveillance and Enforcement Unit
Southern California Section
Toxic Substances Control Division
Department of Health Services
107 South Broadway, Room 7011
Los Angeles, California 90012

Prepared by:
McKesson Environmental Services, Inc.
1252 Quarry Lane
Pleasanton, California 94566
(415) 426-2600

DRAFT

1.0 INTRODUCTION

MacDermid Incorporated (MacDermid) manufactures and distributes specialty chemicals for the metal finishing industry and printed circuit industry. The facility's name, address and EPA ID number are as follows:

MacDermid Incorporated
5439 San Fernando West
Los Angeles, California 90039

EPA ID #CAD 010707222

This facility serves as a warehouse and distribution center for specialty chemicals.

In 1981 the California Department of Health Services (CDHS) granted the facility Interim Status as a Storage Facility for recyclable materials. MacDermid's routine business practice with regard to these materials was to accept certain spent material for reclaiming, recycling and redistribution. Immediately upon receipt of the materials, MacDermid transferred them to a separate company on adjacent property, Sunland, for storage and/or processing. In addition, MacDermid stored small quantities of laboratory waste at the MacDermid facility. As part of the permitting process, CDHS requested MacDermid to submit an Operation Plan within a specified time period.

In 1982 CDHS exempted two of the three recyclable materials handled by MacDermid, spent chromic acid solutions and spent ammoniacal copper solutions, from the hazardous waste permitting requirements (Appendix A), but MacDermid did not relinquish its Interim Status. At this point MacDermid should have completed and submitted the Operation Plan because the facility still received one manifested non-exempt waste, spent solder strippers and solder conditioner materials, for immediate transfer to the company on the adjacent property. MacDermid neglected to complete and submit the Operation Plan, in large part because MacDermid did not intend to continue even this receipt and transfer, but was instead pursuing the acquisition of other property for storage prior to reclamation or transfer to a reclamation/recycling facility.

In 1985, EPA's finalization of its RCRA rules for "Hazardous Wastes Known as Recyclable Materials" negated the state exemptions for spent chromic acid solutions and spent ammoniacal copper solutions, subjected hazardous wastes that are recyclable to the requirements for generators, transporters and storage facilities under 40 CFR, and thereby made voidable the exemptions from the manifesting system and permitted waste transportation system that MacDermid and Sunland had previously obtained.

DRAFT

By December 31, 1985, the facility no longer received recyclable materials. There was no longer any need to use the warehouse as a storage or transfer facility because MacDermid's business practices had changed. The company had been reorganized in such a way that the Los Angeles premises were used only as a warehouse for distribution of products; a marketing agreement had been entered into whereby a company in Sante Fe Springs, Southern California Chemical Company (SCC), manufactured, recycled, and reclaimed the material; and spent chromic acid solutions were no longer recycled. Therefore, and in preparation for compliance with California Assembly Bill No. 2166, MacDermid instructed its customers to manifest the material, use a permitted hauler, and ship the material directly to SCC, which is a TSDF with Interim Status.

MacDermid realized that even though it had not ever stored recyclable materials on its property and by 1985 did not even receive them, it was necessary under the RCRA regulations to change MacDermid's status from that of an Interim Storage Facility to that of Generator because of MacDermid's storage of laboratory waste. One requirement for this change of status would be a Closure Plan as required by California Administrative Code, Title 22, Article 23, Section 67210, even though recyclable material had never been physically stored on the premises. Subsequently, upon proceeding with the above, the CDHS then inspected the MacDermid site in February of 1986. MacDermid was cited for several violations. In response to the Notice of Violations, MacDermid sent to CDHS a Compliance Schedule, and has been and is taking the necessary steps to meet the schedule.

McKesson Environmental Services, Inc. (MES) has been retained by MacDermid to develop a proper Closure Plan for submission to the CDHS. This Closure Plan will describe the steps necessary to close the hazardous waste storage area in a manner that eliminates the need for further maintenance. This will be accomplished by ensuring that all hazardous waste and hazardous constituents are removed from the facility.

DRAFT

2.0 FACILITY DESCRIPTION

The MacDermid facility consists of a warehouse measuring approximately 200 feet by 100 feet. MacDermid leases the warehouse from Sunland Chemical (Sunland), which occupies the area immediately adjacent to the north and west of MacDermid's facility (A diagram of the site is shown in Fig. 2.0). MacDermid and Sunland entered into a business agreement whereby Sunland became a contract compounder for MacDermid. As part of MacDermid's business, certain products which are originally manufactured by MacDermid or its contract compounder are recycled/reclaimed.

Waste known as recyclable materials handled by MacDermid are as follows:

- Spent chromic acid solutions;
- Spent ammoniacal copper solutions;
- Spent solder strippers and solder conditioner materials.

The waste materials received from MacDermid's customers were immediately transferred to storage and/or processing equipment on Sunland's property. The solder stripper/conditioners were stored in a 5,000-gallon tank. The chromic acid solution was placed in a 2,000-gallon lead-lined processing tank (this was the only material Sunland recycled - see letter dated June 4, 1982 to Sunland from CDHS attached). The ammonia etchant was stored in a 13,000-gallon tank (The containers are shown on Fig 2.0).

Laboratory wastes resulting from the testing of MacDermid's customer's nickel plating solutions, zinc plating solutions and other heavy metal plating solutions were stored on MacDermid's premises.

2.1 Current Facility Status

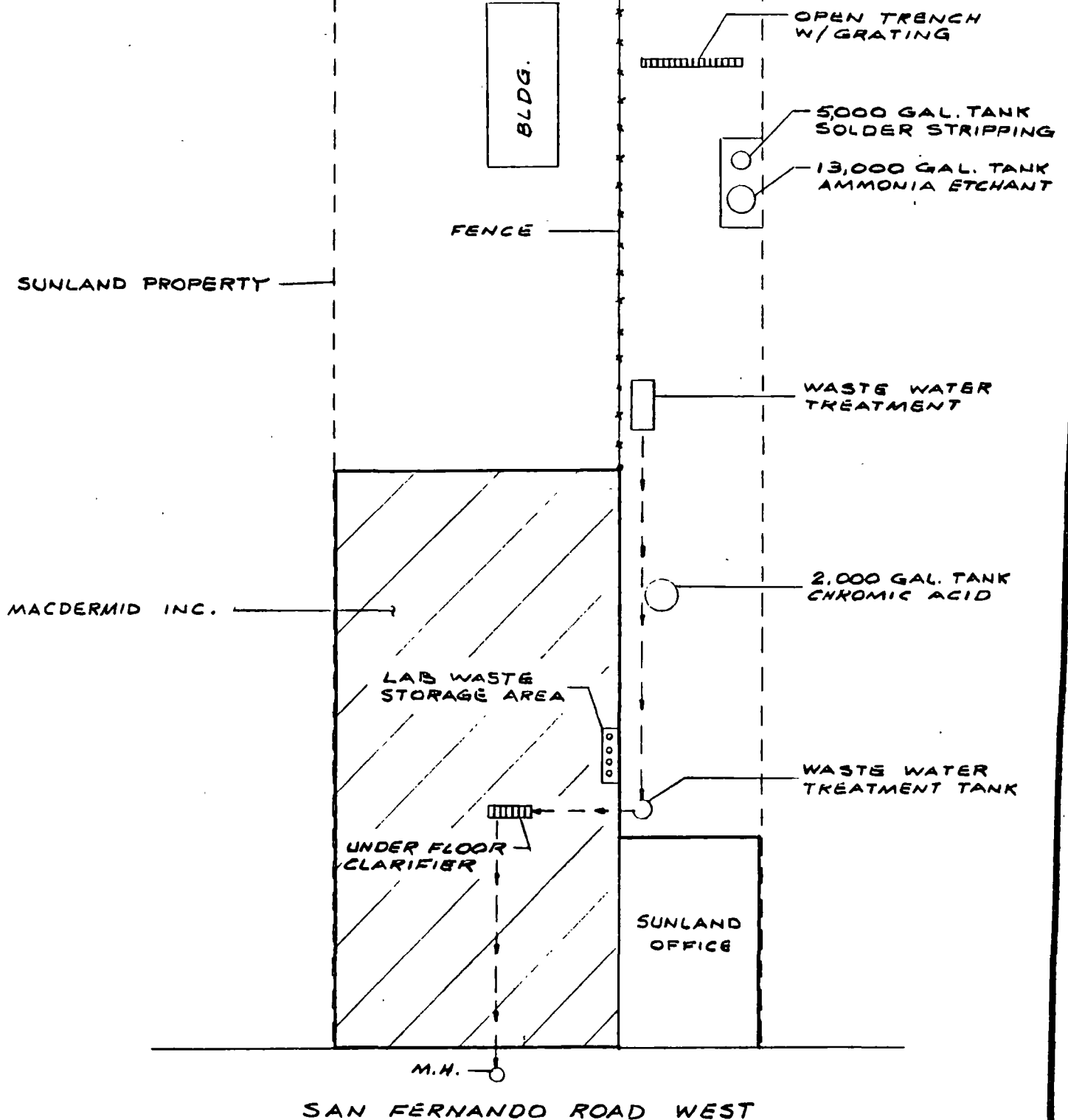
Hazardous waste received by MacDermid included the three types of spent chemicals specified in the above section. These wastes were stored for transshipment on Sunland's premises. Only the chromic acid solution was recycled at Sunland. Any and all remaining recyclable materials that remained on Sunland's premises after January 1, 1986 have been disposed of properly by using manifests and having the material transported to a TSDF. None of the three spent chemicals - chromic acid solution, ammoniacal copper solution, or solder stripper/conditioner material - were or are stored, treated or disposed of at MacDermid's warehouse.

The only waste material currently on the actual MacDermid premises are laboratory wastes which are disposed of in accordance with appropriate hazardous waste disposal methods, using manifests and being transported to an approved hazardous waste disposal facility.

AUTO WRECKING YARD

PRIVATE ALLEY

N



McKesson

McKesson Environmental Services

MACDERMID INCORPORATED
5439 SAN FERNANDO RD. WEST
LOS ANGELES, CALIF. 90039

DRAWN BY: 55
CH'K'D BY:

NOV. 26, 1986

Fig. 2.0

SCALE: NONE

DRAFT

3.0 CLOSURE ACTIVITIES

Hazardous wastes other than the laboratory wastes noted previously have not been stored at MacDermid's facility. There are no hazardous waste constituents on this site which require removal or clean-up for closure of a Storage Facility; therefore, MacDermid considers this facility closed. MacDermid wishes to relinquish its interim status as a TSDF and revert to a simple generator status.

In order to assure that hazardous waste and hazardous waste constituents do not exist on MacDermid's premises under Storage for a TSD Facility, MacDermid will obtain a California Registered Engineer to visually survey the site and inspect the warehouse to verify the current status of the facility is as represented herein.

3.1 Closure Report

Upon completion of the engineer's inspection, a closure report will be prepared and submitted to CDHS. The report will contain the engineer's verification of the current status of the facility.

3.2 Certification of Closure

When closure is completed, certification by the owner and operator of the facility and by an independent registered professional engineer that the facility has been closed in accordance with the specification in the approved Closure Plan will be provided to CDHS.

NOTE: Chrome, copper and solder stripper/conditioner solutions referred to in this Plan as "hazardous wastes" were, prior to January 1, 1986, properly classified as "recyclable material". As indicated in the attached letters from CDHS, the material was exempted from the hazardous waste hauler and hazardous waste manifest system.

DRAFT

4.0 SCHEDULE

Upon approval of the Closure Plan by CDHS, the Plan will be implemented in accordance with the following schedule:

Days following CDHS
Approval of Closure Plan

Activity

30 Days

Engineer's certificate
provided to CDHS

DRAFT

5.0 COSTS

The costs presented below are the estimated costs for implementing this Closure Plan. These costs are based on the assumption that the facility status is as indicated in this Plan.

Closure Costs

- Site Survey	\$ 600.00
- Closure Report	<u>\$ 1,000.00</u>
TOTAL ESTIMATED CLOSURE COSTS	\$ 1,600.00

DRAFT

APPENDIX A

DEPARTMENT OF HEALTH SERVICES

2131 BERKELEY WAY
BERKELEY, CA 94704
(415) 540-2043



June 4, 1982

Mr. Max Cohen,
Vice President
Sunland Chemical & Research Corp.
5440 San Fernando Road West
Los Angeles, CA 90039

Dear Mr. Cohen:

This is in response to your letter of May 18, 1982. It has been determined that since California's law, as explained below, exempts your type of operation with MacDermid from hazardous waste facility permitting requirements, it will not be necessary for you to obtain a permit to operate at this time.

According to the California Hazardous Waste Control Law, "waste" is defined (§ 25122) as: 1) any material for which no use or reuse is intended and which is to be discarded, or 2) any recyclable material. However, the definition of "recyclable material" excludes (§ 25122.5(b)(4)) "material that is routinely reclaimed by an original manufacturer of such material, provided the reclamation is only a portion of such original manufacturer's normal production of such material."

It appears that this is the situation at Sunland Chemical, where MacDermid produces and distributes a chromic solution to clients. After use, the clients return the spent solution to MacDermid, who in turn, sends the solution to Sunland Chemical for reformulation. After reformulation, Sunland Chemical returns the chromic solution to MacDermid for redistribution. This process does not qualify as recycling and the spent solution does not qualify as a hazardous waste under current State law. I should emphasize, however, that this situation only applies when you bring back waste material for reformulation from

M. Cohen

-2-

June 4, 1982

a company to whom you provide the raw material. Thus, if you bring back to Sunland Chemical a waste from another company, a hazardous waste treatment and storage facility permit would be necessary.

If you have any questions please feel free to call John Papathakis at (415) 540-2043.

Sincerely,

James L. Stahler for

James L. Stahler, P.E.,
Regional Administrator
Hazardous Waste Management Branch



Sunland Chemical & Research Corp.

5440 SAN FERNANDO ROAD WEST • Phone: 245-7688 • LOS ANGELES, CALIFORNIA 90039

May 18, 1982

Department of Health Services
Hazardous Waste Mgt. Branch
2151 Berkeley Way
Berkeley, CA 94704

Re: Telecon with Mr. Blake Spears 5-18-82

Gentlemen:

This is to confirm our phone call to your office this date. We enquired whether it is necessary for Sunland Chemical & Research Corp. to register with the State under the Hazardous Waste Control Law. MacDermid Inc. picks up material which they originally sold to their customers and then Sunland Chemical reformulates it for them. The returned material becomes a part of a MacDermid proprietary product.

We were advised that under these circumstances there is no need for us to register.

We would appreciate a confirmation of the above information.

Very truly yours,

Max Cohen
Vice President

MC/ar



MacDermid

INCORPORATED

...right to the Finish!®

Waterbury, Connecticut • Ferndale, Michigan • Los Angeles, California • St. Louis, Missouri

50 BROOKSIDE ROAD • WATERBURY, CONNECTICUT 06720
TELEPHONE 203 754 6161 • TELEX: 96-2413

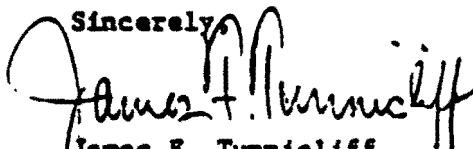
February 7, 1984

Mr. Larry Shanks
Janus Enterprises
4748 McGrath
Ventura, CA 93003

Dear Mr. Shanks:

Enclosed you will find a letter dated March 24, 1982 from the State of California Department of Health Services which exempts us from classifying our recyclable alkaline etchant as a hazardous waste. The material which we take back from you is not a hazardous waste; therefore, we do not have to be registered as a TSD facility nor do we require a registered waste hauler to transport this material to our site.

Sincerely,


James F. Tunnichliff
Operations Manager

JFT/be

See file 100

DEPARTMENT OF HEALTH SERVICES

2151 BRIDGECREY WAY
BERKELEY, CA 94704
(415) 540-2043



March 24, 1982

Mr. Jim Tunnickliff
Operations Manager
MacDermid Incorporated
5439 San Fernando Road, West
Los Angeles, CA 90039

Dear Mr. Tunnickliff:

It has been determined that since California law, as explained below, exempts your type of operation with Union City Chemical Company and Sunland Chemical from permitting requirements, it will not be necessary for you to use a registered hazardous waste hauler nor a hazardous waste manifest to transport the spent etchant solution at this time.

According to California Hazardous Waste Control Law, "waste" is defined (§25122) as: 1) any material for which no use or reuse is intended and which is to be discarded, or 2) any recyclable material. However, the definition of "recyclable material" excludes (§25122.5(b)(4)) "material that is routinely reclaimed by an original manufacturer of such material, provided the reclamation is only a portion of such original manufacturer's normal production of such material".

It appears that this is the situation at MacDermid, where both companies, Sunland Chemical and Union City Chemical, produce an etchant solution which is patented by MacDermid, Inc. MacDermid also is the distributor of the etchant to clients for use in cleaning circuit boards. The clients return the spent solution to MacDermid, who in turn, sends the solution to Union City Chemical Company for regeneration. After regeneration, Union City Chemical Company returns the etchant solution to MacDermid for redistribution. This process does not qualify as recycling and the spent etchant does not qualify as a hazardous waste under current State law. I should emphasize, however, that this situation only applies when you bring back waste material for regeneration from a company to whom you provided the raw material. Thus, if you bring back to MacDermid spent etchant which was originally produced by another company, then a hazardous waste manifest and registered hauler would be necessary.

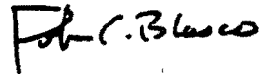
Mr. Tunnickliff

-2-

March 24, 1982

It should be noted that MacDermid is still responsible for complying with appropriate Department of Transportation requirements. If you have any questions, please feel free to call John Papathakis at (415) 540-2043.

Sincerely,



John C. Blasco
Acting Regional Administrator
Hazardous Waste Management Branch

cc: William F. Jopling, Acting Chief
Permits, Surveillance & Enforcement Section
HWMB-Sacto

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814

MND980999526
MACDERMID INC
ATTN: CHERRIE GILLIS
9805 HAMILTON RD
EDEN PRAIRIE, MN 55344

JUNE 7, 1989

Assembly Bill No. 1196 (Chapter 1376, Statutes 1988) requires the Department of Health Services, Toxic Substances Control Division to establish fees it assesses for services. The legislation specifies permit application, application renewal, facility closure, and facility variance as services for which the Department must charge a fee.

Pursuant to this requirement, the Department has established its fee schedule, effective July 1, 1988. Fees are based on the size of a facility and the type of service requested.

FEE SCHEDULE

<u>Service</u>	<u>Facility Size</u>	<u>Fee</u>
Land Disposal Facility Permit	Medium	\$41,915
Land Disposal Facility Permit	Large	\$72,107
Land Disposal Facility Closure	Small	\$19,620
Land Disposal Facility Closure	Medium	\$41,915
Land Disposal Facility Closure	Large	\$72,107
Incinerator Permit/Closure	Small	\$17,743
Incinerator Permit/Closure	Medium	\$41,395
Incinerator Permit/Closure	Large	\$68,317
Treatment & Storage		
Permit/Closure	Medium	\$ 7,153
Variance	--	\$ 1,951
Post Closure Permit	Large	\$45,984
Permit Streamlining	--	\$ 1,858
Transportable Treatment Unit		
Permits	--	\$ 7,097
Transportable Treatment Unit		
Permits Certification	--	\$ 3,019
Extremely Hazardous Waste Permit	--	\$ 100
Land Disposal Facility		
Permit Modification	Medium	\$20,252
Land Disposal Facility		
Permit Modification	Large	\$35,673
Treatment & Storage		
Permit Modification	Medium	\$ 5,202

Page 2

The Department assesses fees when a facility requests any of these services. Facilities for which services were completed prior to the date of this notice will be assessed applicable fees within thirty (30) days.

Questions and comments concerning this notice may be submitted to:

Department of Health Services
Toxic Substances Control Division
ATTN: Roger Pulley
P.O. Box 942732
Sacramento, CA 94234-7320

Sincerely,

A handwritten signature in black ink, appearing to read "James J. Watkins", with a large, stylized loop at the beginning.

James J. Watkins
Acting Chief
Program Monitoring and
Personnel Section
Toxic Substances Control Division

Re Calif. Facility Fee Petition
My letter 9/15

-Phone

I called a Mike Anglin (916-322-5025).

He stated that as long as we filed our
petition w/in 30 days of receipt, we would not
be fined or cited for not paying the fee.

J. Penner

It will take another month for someone
to look at it.

10/9/87: Mike said try another month - have not yet
started to do anything.

MAC DERMID INC.
MESSAGE FORM

TO Dave Simmons

FROM C. Gillis

DATE 9/24/87

CA Waste TAX

I'm not sure if Janice left you a note, but the CA tax is paid on the quarterly basis, I believe. They do not send an invoice, we have to calculate it from any manifests sent out and the type of disposal or reclaim which took place.

CA (LA office) is supposed to send me a copy of the manifests after they receive the TSDF signed copy which shows the type of disposal. In turn, I sent these to Janice to figure out.

Probably, LA should send them direct to your dept. Dave, I'm not sure. Any suggestions?



Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Department of Health Services
Toxic Substances Control Division
Sacramento, California**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

CA1D1014710712

3rd gtr
1986Information in the shaded areas
is not required by Federal
law.

Test Document Number

20260

Generator's ID

Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

I. Facility's ID

J. Facility's Phone

K. Facility's ID

L. Facility's Phone

M. Facility's ID

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AP. Facility's Phone

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BT-401-J (81F)
REV. 13 (10)

CALIFORNIA

SACRAMENTO CA 95803

HAZARDOUS WASTE CONTROL ACCOUNT
(FEE)

HAZARDOUS WASTE TAX RETURN

DUE ON OR BEFORE 10/15/86 **FOR** JUL - SEP 86

3679 19050 3686 HA HQ 36-015176

Mail to:

STATE BOARD OF EQUALIZATION
EXCISE TAX UNIT
P. O. BOX 647
SACRAMENTO CA 95803

MAC DERMID INC
5439 SAN FERNANDO RD WEST
LOS ANGELES CA 90039

READ INSTRUCTIONS
BEFORE PREPARING

Make Changes Above If
Name or Address Incorrect

CAD010707222

Categories (Definitions Enclosed)	A Total Tonnage Disposed of By Category	B Taxable Tonnage	C Rate of Tax	D Amount of Tax (Col. B x C)
0a. Recycled	1.375		0.00	
0b. Disposed Out of State			12.08	
1. RCRA Exempt			6.04	
2. Mining Wastes			6.04	
3a. Extremely Hazardous Surface Impounded			48.32	
3b. Extremely Hazardous Not Surface Impounded			48.32	
4a. Restricted Wastes Surface Impounded			48.32	
4b. Restricted Wastes Not Surface Impounded			48.32	
A. INCINERATION	A	A	1.21	A
5. Incineration or Treatment	B	B	1.21	B
6a. Hazardous Waste Landfilled			24.16	
6b. Hazardous Waste Landfarmed			24.16	
6c. Hazardous Waste Injection Well			24.16	
6d. Hazardous Waste Surface Impounded			24.16	
7. Shredder Waste			6.04	
8. Double Lined Surface Impoundment			2.42	
9. Total Tax (Add amounts in Column D)				\$
10. Penalty of 10% (.10) if payment is made after the due date shown above.			Penalty	
11. INTEREST OF 12% PER ANNUM (1.000000% PER MONTH) IS DUE IF PAYMENT IS MADE AFTER THE DUE DATE.			Interest	
12. TOTAL AMOUNT DUE AND PAYABLE (Line 9 plus Lines 10, and 11)				\$

*Only pay line item for
fills out in this code
w/ C cause recycle*

I hereby certify that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

SIGNATURE
AND TITLE

MAKE CHECK OR MONEY ORDER PAYABLE TO STATE BOARD OF EQUALIZATION

PHONE NUMBER

GENERATOR

TRANSPORTER FACILITY

paperwork rec'd at MacDermid on 12-8-96

cc: Janice Moran
For Taxes

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No C1A1010101710171212121010101011		Manifest Document No. 1010101011		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.						
3. Generator's Name and Mailing Address MacDermid, Inc. 5439 San Fernando Rd. W., Los Angeles, CA 90039						A. State Manifest Document Number 86320254								
4. Generator's Phone (818) 240-9573						B. State Generator's ID SAME								
5. Transporter 1 Company Name Martin Industrial Pumping						C. State Transporter's ID 708894								
6. Transporter 1 US EPA ID Number C1A10101010151218161316						D. Transporter's Phone (805) 281-3337								
7. Transporter 2 Company Name MARTIN IND PUMPING						E. State Transporter's ID 708538								
8. Transporter 2 US EPA ID Number C1A10101010151218161316						F. Transporter's Phone								
9. Treatment Facility Name and Site Address Central Waste Management Inc. San Joaquin Hills Facility 35251 Old Skyline Rd. San Joaquin Hills, CA						G. State Facility's ID CaT000346117								
10. Facility's Phone (800) 742-1671						H. Facility's Phone								
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.		
a. WASTE POISONOUS, CORROSIVE LIQUID NOS (CONTAINS CYANIDE/SODIUM HYDROXIDE) POISONOUS, UN2727						0 0 3		11/16/95		P		711		
b.														
c.														
d.														
J. Additional Descriptions for Materials Listed Above a. Cyanides 6X						K. Handling Codes for Wastes Listed Above A 15								
15. Special Handling Instructions and Additional Information: a. LAX-F96623 Gloves and goggles														
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.														
Printed/Typed Name Manuel E. Pulido					Signature <i>Manuel E. Pulido</i>					Month Day Year 6/3/96				
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Danny Ramirez					Signature <i>Danny Ramirez</i>					Month Day Year 6/3/96				
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name CARL M. POPP					Signature <i>Carl M. Popp</i>					Month Day Year 06/06/97				
19. Discrepancy Indication Space														
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.														
Printed/Typed Name Stephen P. Kelly					Signature <i>Stephen P. Kelly</i>					Month Day Year 06/20/97				

ATE OF,
ALIFORNIA

P. O. BOX 647

DUPLICATE - KEEP FOR YOUR RECORDS

SACRAMENTO CA 95803

BOARD OF EQUALIZATION
HAZARDOUS WASTE CONTROL ACCOUNT

(FEE)

HAZARDOUS WASTE TAX RETURN

DUE ON OR BEFORE

07/15/86

FOR

APR - JUN 86

HA HQ 36-015176

MAC DERMID INC
5439 SAN FERNANDO RD WEST
LOS ANGELES CA 90039

READ INSTRUCTIONS
BEFORE PREPARING

Make Changes Above If
Name or Address Incorrect

Categories (Definitions Enclosed)	A Total Tonnage Disposed of By Category	B Taxable Tonnage	C Rate of Tax	D Amount of Tax (Col. B x C)
0a. Recycled	11		0.00	
0b. Disposed Out of State			0.00	
1. RCRA Exempt			2.81	
2. Mining Wastes			2.81	
3a. Extremely Hazardous Surface Impounded			22.50	
3b. Extremely Hazardous Not Surface Impounded			22.50	
4a. Restricted Wastes Surface Impounded			22.50	
4b. Restricted Wastes Not Surface Impounded			22.50	
5. Incineration or Treatment	A B	A B	A B	A B
6a. Hazardous Waste Landfilled			11.25	
6b. Hazardous Waste Landfarmed			11.25	
6c. Hazardous Waste Injection Well			11.25	
6d. Hazardous Waste Surface Impounded			11.25	
7. Shredder Waste			2.81	
8. Double Lined Surface Impoundment			0.13	
9. Total Tax (Add Lines 1D through 8D)				\$
10. Penalty of 10% (.10) if payment is made after the due date shown above.			Penalty	
11. INTEREST OF 1% PER ANNUM (11.000000% PER MONTH) IS DUE IF PAYMENT IS MADE AFTER THE DUE DATE.			Interest	
12. TOTAL AMOUNT DUE AND PAYABLE (Line 9 plus Lines 10, and 11)				\$

SIGNATURE
AND TITLE

MAKE CHECK OR MONEY ORDER PAYABLE TO STATE BOARD OF EQUALIZATION
Always Write Your Account Number on Your Check or Money Order

PHONE NUMBER

I hereby certify that this return, including any accompanying schedules and statements, has been
examined by me and to the best of my knowledge and belief is a true, correct and complete return.
Mfg & Dist Mgr. 819 240-9573

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

2nd gtr
1986

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's USEP CAD 010707	
3. Generator's Name and Mailing Address MacDermaid Inc. 5439 San Fernando Rd. W., Los An			
4. Generator's Phone (818) 240 9573		6. US EPA ID Number CAD 093 061315	
5. Transporter 1 Company Name Shirmar Trucking		8. US EPA ID Number	
7. Transporter 2 Company Name		10. US EPA ID Number	
9. Designated Facility Name and Site Address Southern California Chemical 8851 Dice Rd. Santa Fe Springs, CA 90670		10. US EPA ID Number CAD 008 488025	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type	13. Total Quantity
a. Alkaline (Corrosive) Liquid, N. O. S. Corrosive Material, NA 1719 (contains copper chloride, as cupric ammonium chloride)		1. DF	55 g
b.			
c.			
d.			
15. Special Handling Instructions and Additional Information Southern California Chemical approval Number 6041 Corrosive to metals Use Gloves, Goggles and protective clothing.		16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.	
17. Transporter 1 Acknowledgement of Receipt of Materials		18. Transporter 2 Acknowledgement or Receipt of Materials	
19. Discrepancy Indication Space		20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.	

Generator's Information:

1. Generator's USEP: **CAD 010707**

3. Generator's Name and Mailing Address: **MacDermaid Inc., 5439 San Fernando Rd. W., Los An**

4. Generator's Phone: **(818) 240 9573**

5. Transporter 1 Company Name: **Shirmar Trucking**

6. US EPA ID Number: **CAD 093 061315**

7. Transporter 2 Company Name:

8. US EPA ID Number:

9. Designated Facility Name and Site Address: **Southern California Chemical, 8851 Dice Rd., Santa Fe Springs, CA 90670**

10. US EPA ID Number: **CAD 008 488025**

Containers:

No.	Type	Total Quantity
1	DF	55 g

Special Handling Instructions and Additional Information: **Southern California Chemical approval Number 6041**
Corrosive to metals
Use Gloves, Goggles and protective clothing.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

Transporter 1 Acknowledgement of Receipt of Materials:

Printed/Typed Name: **James P. Tunnicliffe**

Signature: *James P. Tunnicliffe*

Date: **8 26 86**

Transporter 2 Acknowledgement or Receipt of Materials:

Printed/Typed Name: **Reyes Duarte**

Signature: *Reyes Duarte*

Date: **8 26 86**

Discrepancy Indication Space:

Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name:

Signature:

Date:

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAD 010707222	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address MacDermid Inc. 5439 San Fernando Rd. W., Los Angeles, CA 90039			A. State Manifest Document Number 84250132		
4. Generator's Phone ()			B. State Generator's ID		
5. Transporter 1 Company Name Shirmax Trucking		6. US EPA ID Number CAD 093 061315	C. State Transporter's ID		
7. Transporter 2 Company Name		8. US EPA ID Number	D. Transporter's Phone 818 448 5385		
9. Designated Facility Name and Site Address Southern California Chemical 8851 Dice Rd. Santa Fe Springs, CA 90670		10. US EPA ID Number CAD 008 488025	E. State Facility's ID CAD 008488025		
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No.	13. Total Quantity	14. Unit Wt/Vol
a. Waste Acid Liquid, N. O. S. (Contains sulphuric acid) Corrosive Material, NA 1760			2	DF	110 G
b.					
c.					
d.					
15. Special Handling Instructions and Additional Information Southern Chemical approval number 6045 & 6044 Cal Use gloves, goggles and protective clothing.			K. Handling Codes for Wastes Listed Above <i>Surface Impoundment</i>		
18. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name James F. Tunnicliffe		Signature <i>James F. Tunnicliffe</i>		Date Month Day Year 8 20 80	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name Royce Duarte		Signature <i>Royce Duarte</i>		Date Month Day Year 8 20 80	
18. Transporter 2 Acknowledgement or Receipt of Materials					
Printed/Typed Name		Signature		Date Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name		Signature		Date Month Day Year	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAD 010707222	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address MacDermid Inc. 5430 San Fernando Rd. W., Los Angeles, CA 90039			A. State Manifest Document Number 84250131		
4. Generator's Phone (818) 240 9573			B. State Generator's ID		
5. Transporter 1 Company Name Shirnar Trucking		6. US EPA ID Number CAD 093 061315	C. State Transporter's ID 63779		
7. Transporter 2 Company Name		8. US EPA ID Number	D. Transporter's Phone 818 245 5385		
9. Designated Facility Name and Site Address Southern California Chemical 8851 Dice Rd. Santa Fe Springs, CA 90670		10. US EPA ID Number CAD 008 488025	E. State Facility's ID CAD 008 488025		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers	13. Total Quantity	14. Unit
a. Waste Acid Liquid, N. O. S. (Fluoboric Acid) Corrosive Material, NA 1760			No. Type	Quantity	Wt/Vol
b. ✓			1 DF	55	G
c.					
d.					
15. Special Handling Instructions and Additional Information Southern California Chem approval Number 6047 Use Gloves, Goggles and protective clothing.			K. Handling Codes for Wastes Listed Above		
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			Date Month Day Year 3 26 86		
17. Transporter 1 Acknowledgement of Receipt of Materials			Date Month Day Year 3 26 86		
Printed/Typed Name Royes Duarte			Signature <i>[Signature]</i>		
18. Transporter 2 Acknowledgement or Receipt of Materials			Date Month Day Year		
Printed/Typed Name			Signature		
19. Discrepancy Indication Space			Date Month Day Year		
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.			Date Month Day Year		
Printed/Typed Name <i>[Signature]</i>			Signature <i>[Signature]</i>		

cc: D. Simmons
8/5/86

cd: J. Tenn. Claff
Pat

BOARD OF EQUALIZATION
P.O. BOX 1799
SACRAMENTO, CA. 95808

- ☒ HAZARDOUS SUBSTANCES TAX LAW
☐ MOTOR VEHICLE FUEL LICENSE TAX LAW
☐ AIRCRAFT JET FUEL TAX

PLEASE TYPE OR PRINT

<input type="checkbox"/> CIGARETTE TAX LAW <input type="checkbox"/> ALCOHOLIC BEVERAGE TAX LAW <input type="checkbox"/> OTHER _____		2. Are You Buying a Business? Yes <input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> No <input checked="" type="checkbox"/> Reorganization <input type="checkbox"/>		3. Date of Purchase N/A		4. Account Number Tax Office Number HA HQ 36 015176 0000		DEPARTMENTAL USE ONLY	
5. Owner(s) MAC DERMID INC									
6. Firm Name									
7. Location of Business: (if different from Mailing Address)				Street & Number		City or Town		State	
8. Mailing Address: P.O. Box or Street & Number 5439 SAN FERNANDO RD WEST				City or Town LOS ANGELES		State CA		Zip Code 90039	
9. Type of Organization: Husband and Wife Co-ownership <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Other <input type="checkbox"/>									
10. Corporation Officers: President Arthur J. LoVetere Vice-President Reginald H. Post Secretary Russell Burge Treasurer Arthur J. LoVetere									
11. Name of Former Owner N/A				11a. Business Name of Former Owner N/A			11b. Former Owner's Account Number N/A		
12. Type or Nature of Business Manufacturer of Specialty Chemicals for Printed Circuits & Metal Finishing Industry									
13. Date Started This Address October 1975					Is Business Located Within City Limits? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>				

INSTRUCTIONS: Please complete lines 2, 3, and 5 through 13. Line 16 must be completed and signed by the owner, partner, or a corporate officer.

RETURN ALL COPIES OF THIS FORM TO:

State Board of Equalization
P.O. Box 1799
Sacramento, CA 95808

We will process the completed form and mail a copy back to you. This copy is proof of your registration and will include your account number in Box 4.

14.	Basis	Bus. Code	Area Code		Original Starting Date		Owner Code	Close Out Code	DEPARTMENTAL USE ONLY				O.S. Addr. Office	S.B.L. Lic.	Exempt Code	Special Return Processing Code	Trans. Code
			Co.	City	Month	Year			Effective Date			O.S. Location					
									Month	Day	Year	Country Code					

15. Forms Furnished Taxpayer

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Regulations

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16. CERTIFICATION: I HEREBY CERTIFY THAT I AM DULY AUTHORIZED TO SIGN THIS APPLICATION AND THAT THE STATEMENTS CONTAINED HEREIN ARE CORRECT TO MY BEST KNOWLEDGE AND BELIEF.

Signature [Signature] Title V.P. Manufacturing Date 8/27/85

Residence Address Tuttle Road, Woodbury, CT

Residence Phone 203 263-2728 Business Phone 203 575-5700

Driver's License Number 150667150

Social Security Number 047-26-2504

Returns No ☐ Yes ☐

Periods

BACK (1-85)
INFORMATION FORM
HAZARDOUS SUBSTANCE TAX LAW

STATE BOARD OF EQUALIZATION
 DEPARTMENT OF BUSINESS TAXES

CONFIDENTIAL
 (Pursuant to Section 15619 of the Government Code)

1. ACCOUNT NUMBER		
TAX	OFFICE	NUMBER

2. Full Name of Corporation (as it appears on charter) MacDermid, Inc.		
Federal Identification Number CAD010707222 (EPA No)		Corporation Number Federal Tax: 060435750
3. President Name Arthur J. LoVetere Residence Address 114 Tall Timbers Ln Glastonbury, CT 06033		
Home Telephone Number (203) 633-4000	Social Security Number 042-30-3203	Driver's License Number CT022583230
4. Vice President Name Reginald H. Post Residence Address 58 Tuttle Road Woodbury, CT 06798		
Home Telephone Number (203) 263-2728	Social Security Number 047-26-2504	Driver's License Number CT150667150
5. Secretary Name Russell Burge Residence Address 144 Buckingham St Waterbury, CT 06710		
Home Telephone Number () No Phone	Social Security Number 033-22-1722	Driver's License Number CT212073260
6. Treasurer Name Arthur J. LoVetere Residence Address 114 Tall Timbers Ln Glastonbury, CT 06033		
Home Telephone Number (203) 633-4000	Social Security Number 042-30-3203	Driver's License Number CT022583230
7. Corporate Bank(s) Colonial Bank & Trust Co		Account Number
Address Leavenworth St, Waterbury CT 06708		
8. Real Estate Owned By Corporation Address None in California		
9. Person to Contact Locally for Information Mr. James Tunnicliff Los Angeles, CA 818-240-9573		
10. Accountant or Bookkeeper Name Peat Marwick Mitchell		
Address One Financial Plaza, Hartford, CT		Telephone Number (203) 522-3200
11. Parent Corporation (if any)		
Address		
12. Type of Facility Operators of On-Site Hazardous Waste Facility <input type="checkbox"/> Generator Only <input checked="" type="checkbox"/> Storage On-Site in Excess of Twelve Months <input type="checkbox"/> (Operator of Off-Site Hazardous Waste Facility <input type="checkbox"/> Proceed to Number 13) A. Estimated Tonnage Per Year of Hazardous Waste Disposed On-Site <u>N/A</u> Tons <small>PER YEAR</small> B. Estimated Tonnage Per Year of Hazardous Waste Disposed of Off-Site <u>20</u> Tons <small>PER YEAR</small> C. Name of Off-Site Facility, If Disposed of Off-Site <u>Chemical Waste Management</u> D. Is any hazardous waste which you generate stored for more than 12 months before it is disposed of? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> E. Is hazardous waste and material transferred to a surface impoundment in California for purposes of reducing the water content of such waste and material by evaporation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
13. Operator of Off-Site Hazardous Waste Facility ONLY		
A. Estimated Tonnage Per Month Received for Disposal		PER MONTH Tons
B. Estimated Number of Producers Per Month Disposing of Hazardous Waste at Your Facility		PER MONTH
14. Date You Commenced Operations as An Operator of A Hazardous Waste Facility (Storage) 1981		
15. Business Records will be Maintained at: MacDermid, Inc., 50 Brookside Rd, Waterbury, CT 06708		

RETURN TO: STATE BOARD OF EQUALIZATION, EXCISE TAX UNIT, P.O. BOX 1799, SACRAMENTO, CA 95808

REGISTRATION - ACCOUNT MAINTENANCE
EXCISE TAXESBOARD OF EQUALIZATION
P.O. BOX 1799
SACRAMENTO, CA. 95808

- ☒ HAZARDOUS SUBSTANCES TAX LAW
☐ MOTOR VEHICLE FUEL LICENSE TAX LAW
☐ AIRCRAFT JET FUEL TAX

- ☐ CIGARETTE TAX LAW
☐ ALCOHOLIC BEVERAGE TAX LAW
☐ OTHER

PLEASE TYPE OR PRINT

1. HQ Registration Unit		Date
DEPARTMENTAL USE ONLY		
Tax	Office	Number
HA	HQ	36 015176 0000

5. Owner(s)

MAC DERMID INC

6. Firm Name

7. Location of Business: (if different from Mailing Address)

Street & Number

City or Town

State

8. Mailing Address: P.O. Box or Street & Number

5439 SAN FERNANDO RD WEST

City or Town

LOS ANGELES

State

CA 90039

Zip Code

9. Type of Organization: Husband and Wife Co-ownership ☐Individual ☐ Partnership ☐ Corporation ☒ Other ☐

10. Corporation Officers:

President

Arthur J. Lobetere

Vice-President

Reginald A. Pat

Secretary

Russell Burs

Treasurer

A.J. Lobetere

11. Name of Former Owner

N/A

11a. Business Name of Former Owner

N/A

11b. Former Owner's Account Number

N/A

12. Type or Nature of Business

Manufacturer of Specialty chemicals for printed circuits + Metal Finishing

13. Date Started This Address

10/75

Is Business Located Within City Limits?

No ☐ Yes ☒

INSTRUCTIONS: Please complete lines 2, 3, and 5 through 13. Line 16 must be completed and signed by the owner, partner, or a corporate officer.

RETURN ALL COPIES OF THIS FORM TO:

State Board of Equalization
P.O. Box 1799
Sacramento, CA 95808

We will process the completed form and mail a copy back to you. This copy is proof of your registration and will include your account number in Box 4.

14. Basis	Bus. Code	Area Code		Original Starting Date		Owner Code	Close Out Code	DEPARTMENTAL USE ONLY				O.S. Addr. Office	A.B.C. Lic.	Excise Code	Special Return Processing Code	Trans. Code
		Co.	City	Month	Year			Effective Date	O.S. Location	Month	Day					

15. Forms Furnished Taxpayer

____ ☐ _____ ☐
 ____ ☐ _____ ☐
 ____ ☐ _____ ☐
 ____ ☐ _____ ☐
 Regulations _____

Returns No ☐ Yes ☐
 Periods _____

SECURITY: The posting of security may be required to complete registration.

16. CERTIFICATION: I HEREBY CERTIFY THAT I AM DULY AUTHORIZED TO SIGN THIS APPLICATION AND THAT THE STATEMENTS CONTAINED HEREIN ARE CORRECT TO MY BEST KNOWLEDGE AND BELIEF.

Signature

X

Title

V.P.M.f.

Date

Residence Address

1416 Road, Woodbury Ct

Driver's License Number

150667150

Residence Phone

(203) 263-2728

Business Phone

(203) 575-5700

Social Security Number

047-26-2504

INDIVIDUAL OR PARTNER INFORMATION FORM HAZARDOUS SUBSTANCE TAX LAW

STATE BOARD OF EQUALIZATION
DEPARTMENT OF BUSINESS TAXES

CONFIDENTIAL

(Pursuant to Section 15619 of the Government Code)

1. ACCOUNT NUMBER

TAX

OFFICE

NUMBER

2. Full Name

Resident Address

Home Telephone Number

()

Social Security Number

Driver's License Number

Bookkeeper/Accountant

Address

Telephone Number

()

3. Real Estate Owned (Include Both Business and Personal)

Description/Address

Value

Amount Owed

4. Relatives and/or Personal References

Name

Address

Telephone Number

Relationship

()

()

5. Banks, Savings and Loan and Credit Unions (Include Both Business and Personal)

Name

Address

Type of Accounts

6. Type of Facility

Operators of On-Site Hazardous Waste Facility ☐Generator Only ☐Storage On-Site in Excess of Twelve Months ☐(Operator of Off-Site Hazardous Waste Facility ☐ Proceed to Number 7.)

A. Estimated Tonnage Per Year of Hazardous Waste Disposed On-Site _____ Tons

PER YEAR

B. Estimated Tonnage Per Year of Hazardous Waste Disposed of Off-Site _____ Tons

PER YEAR

C. Name of Off-Site Facility, if Disposed of Off-Site _____

D. Is any hazardous waste which you generate stored for more than 12 months before it is disposed of? Yes ☐No ☐E. Is hazardous waste and material transferred to a surface impoundment in California for purposes of reducing the water content of such waste and material by evaporation? Yes ☐No ☐

7. Operator of Off-Site Hazardous Waste Facility ONLY

A. Estimated Tonnage Per Month Received for Disposal _____ Tons

PER MONTH

B. Estimated Number of Producers Per Month Disposing of Hazardous Waste at Your Facility _____

PER MONTH

8. Date You Commenced Operations as An Operator of A Hazardous Waste Facility

9. Business Records will be Maintained at

INSTRUCTIONS

INDIVIDUAL OR PARTNERSHIP: Please complete Items 2 through 9 on this side only. *Don*

CORPORATION: Please complete Items 2 through 15 on the reverse side only.

RETURN TO: STATE BOARD OF EQUALIZATION, EXCISE TAX UNIT, P.O. BOX 1799, SACRAMENTO, CA 95808

**CORPORATION INFORMATION FORM
HAZARDOUS SUBSTANCE TAX LAW**

CONFIDENTIAL
(Pursuant to Section 15619 of the Government Code)

1. ACCOUNT NUMBER		
TAX	OFFICE	NUMBER

2. Full Name of Corporation (as it appears on charter)
MacDermid, Incorporated

Federal Identification Number CAD 010707222

Corporation Number 7 Federal Tax: 060435750

3. President Name Arthur J. Lobetere Residence Address 114 TALL TIMBERS LN GLASTONBURY CT 06033

Home Telephone Number (203) 633-4000 X Social Security Number 042-30-3203 X Driver's License Number CT 0225803230

4. Vice President Name Reginald H. Post Residence Address 58 Little Road Woburn, Conn. 06798

Home Telephone Number (203) 263-2728 Social Security Number C47-26-2504 Driver's License Number CT 150667150

5. Secretary Name Russell Borge Residence Address 144 Buckingham St Waterbury, Ct 06710

Home Telephone Number () No phone Social Security Number C33-22-1722 Driver's License Number CT 212073260

6. Treasurer Name Arthur J. Lobetere Residence Address 114 TALL TIMBERS LN GLASTONBURY, CT 06033

Home Telephone Number (203) 633-4000 Social Security Number 042-30-3203 Driver's License Number CT 0225803230

7. Corporate Bank(s) Colonial Bank & Trust Co. Account Number 0581-072-1

Address Leicesterworth St Waterbury, Conn 06708

8. Real Estate Owned By Corporation Address None in Cal. Form it

9. Person to Contact Locally for Information Mr. James Tammickoff Los Angeles, Cal 818-240-9573

10. Accountant or Bookkeeper Name Peat Marwick Mitchell

Address One Financial Plaza Hartford, Conn. Telephone Number (203) 522-3200

11. Parent Corporation (if any)

Address

12. Type of Facility

Operators of On-Site Hazardous Waste Facility ☐ Generator Only ☒ Storage On-Site in Excess of Twelve Months ☒

(Operator of Off-Site Hazardous Waste Facility ☐ Proceed to Number 13)

A. Estimated Tonnage Per Year of Hazardous Waste Disposed On-Site n/a Tons PER YEAR Jim will have to do.

B. Estimated Tonnage Per Year of Hazardous Waste Disposed of Off-Site 20 Tons PER YEAR 6

C. Name of Off-Site Facility, if Disposed of Off-Site Chemical Waste Management

D. Is any hazardous waste which you generate stored for more than 12 months before it is disposed of? Yes ☐ No ☒

E. Is hazardous waste and material transferred to a surface impoundment in California for purposes of reducing the water content of such waste and material by evaporation? Yes ☐ No ☐ ?

13. Operator of Off-Site Hazardous Waste Facility ONLY

A. Estimated Tonnage Per Month Received for Disposal _____ Tons PER MONTH

B. Estimated Number of Producers Per Month Disposing of Hazardous Waste at Your Facility _____ PER MONTH

14. Date You Commenced Operations as An Operator of A Hazardous Waste Facility (Storage) 798/

15. Business Records will be Maintained at 50 Brodeside Rd, Waterbury, Ct



STATE BOARD OF EQUALIZATION

1020 N STREET, SACRAMENTO, CALIFORNIA
(P.O. BOX 1799, SACRAMENTO, CALIFORNIA 95808)

Telephone: (916) 322-5024
(916) 322-4063
(916) 322-4070

CONWAY H. COLLIS
First District, Los Angeles
ERNEST J. DRONENBURG, JR.
Second District, San Diego
WILLIAM M. BENNETT
Third District, Kentfield
RICHARD NEVINS
Fourth District, Pasadena
KENNETH CORY
Controller, Sacramento

DOUGLAS D. BELL
Executive Secretary

June 7, 1985

IN REPLY REFER TO

Gentlemen:

Thank you for responding to our recent request in February and March for information regarding the EPA number assigned to your firm for the purpose of controlling hazardous materials.

We have initiated registration of your firm in accordance with your instructions. Please complete the enclosed registration forms and return them within fifteen (15) days of the date above. The Registration Form (BT-400-ET) should be signed by the owner, partner or a corporate officer. Corporate entities must include a copy of the Articles of Incorporation, or provide some other proof that the corporation is valid and in good standing with the office of the Secretary of State.

The Individual/Corporation Information Form (BT-403-H) requests additional information pertaining to your business operation. Some of the questions ask for estimates. Please answer these questions to the best of your knowledge.

A security deposit, as provided for in Section 43102, may be required to complete the registration process. To ensure compliance with the Hazardous Substances Tax Law, the Board may require any person subject to this law to deposit such security as the Board may determine to be reasonable.

Further questions pertaining to the registration, security, or application of tax may be directed to the Board of Equalization at the telephone numbers shown above.

Questions pertaining to EPA numbers and the potential hazardous property of a material should be directed to the local office of the Department of Health Services.

Future disposal reports and tax information will be provided each registrant. Thank you for your assistance.

Very truly yours,

E. V. Anderson
Administrator, Excise Taxes

EVA:bm

*Annual fee
on generator
\$140 - Landfill \$40*

- not req'd

July 19, 1985

CA Generator Tax

cc: JPat

SPECIAL NOTICE TO GENERATORS OF HAZARDOUS WASTE
AND OPERATORS OF OFF-SITE HAZARDOUS
WASTE DISPOSAL FACILITIES

Senate Bill 1379 (Chapter 268, Statutes of 1984)
Senate Bill 1508 (Chapter 1379, Statutes of 1984)
Senate Bill 183 (Chapter 20, Statutes of 1985)
Senate Bill 807 (Chapter 113, Statutes of 1985)

Effective July 1, 1985, the above Senate Bills change the responsibility for the tax (fee) imposed by Section 25174 of the Health & Safety Code from the disposal site operator to the generator of the hazardous waste. After this date, generators who dispose of hazardous waste in California will be responsible for the payment of tax directly to the State Board of Equalization. The only exception is if the waste were produced outside the state but disposed of within the state, the disposal site operator will collect the tax from the person submitting the hazardous waste and will transmit this tax to the Board.

The tax rate has been set for the period 7/1/85 - 6/30/86 as indicated by category below.

The following is a list of the reporting categories and the rates for each:

<u>CATEGORY</u>	<u>RATE</u>
(T1) Do not include in this category waste reportable in Category T3 & T4. Hazardous waste which is not subject to Subchapter III (commencing with Section 6921) of Chapter 82 of Title 42 of the United States Code, or hazardous waste for which the administrator of the Environmental Protection Agency has determined that regulation is unwarranted.	The first 3,500 tons disposed of each month at each specific facility by each producer is taxable whether the hazardous waste is disposed of off-site or on-site. The rate is \$2.81 for each ton or fraction thereof.
(T2) Do not include in this category waste reportable in category T3 & T4. Hazardous waste resulting from the extraction, beneficiation, and processing of ores and minerals, including phosphate rock and the overburden from the mining of uranium ore.	The first 3,500 tons disposed of each month at each specific facility by each producer is taxable whether the hazardous waste is disposed of off-site or on-site. The rate is \$2.81 for each ton or fraction thereof.

<u>CATEGORY</u>	<u>RATE</u>
(T8) Hazardous waste disposed of into a surface impoundment which is <u>double lined</u> and meets the requirements outlined in Section 25174.6.	\$1.13 for each ton or fraction thereof.

These taxes must be reported on your quarterly Hazardous Waste Tax Return which will be provided by the Board commencing with the return for the 3rd quarter 1985 (July, Aug. & Sept.); due October 15, 1985.

If you have any questions concerning these taxes, contact the State Board of Equalization, Excise Tax Unit, P. O. Box 1799, Sacramento, CA 95808, Telephone (916) 322-4068, 322-4070 or 322-5024.

0009H

1981, 82, 83



STATE BOARD OF EQUALIZATION

1020 N STREET, SACRAMENTO, CALIFORNIA
(P.O. BOX 1799, SACRAMENTO CA 95808)

Telephone (916) 322-9070

WILLIAM M. BENNETT
First District, Kentfield

CONWAY H. COLLIS
Second District, Los Angeles

ERNEST J. DRONENBURG, JR.
Third District, San Diego

RICHARD NEVINS
Fourth District, Pasadena

KENNETH CORY
Controller, Sacramento

DOUGLAS D. BELL
Executive Secretary

November 12, 1986

Mac Dermid Inc.
5439 San Fernando Rd. West
Los Angeles, CA 90039

IN REPLY REFER TO.

HA HQ 36-015176

Gentlemen:

Our records show the following are required to bring your Hazardous Substance Tax file current.

Please complete and return the enclosed Hazardous Waste Disposal Schedule and/or return form(s). If payment has been made, include copies of both sides of your cancelled check(s). Otherwise, you will be sent a bill for any tax, interest and penalties due based on the information you supply. If you believe that your late reporting of these taxes was due to a reasonable delay, you should submit a statement under penalty of perjury explaining the reason for the delay and requesting relief from penalty. The letter must be signed under penalty of perjury under the laws of the State of California.

Please return the copy of this letter with the requested information within 15 days. If you have any questions, feel free to contact us at the address or telephone number shown above. Thank you for your cooperation.

Sincerely,

Oveta Riffle

Oveta Riffle
Business Taxes Compliance Supervisor
Excise Tax Unit

OLR:ml

*No explanation required since
no taxes due.
Riffle 12/3/86*

OWNER

Mac Dermid Inc.

41249 36-015176
ACCOUNT NUMBER

HAZARDOUS WASTE DISPOSAL SCHEDULE

HAZARDOUS WASTE CATEGORIES	Total Tons to One Decimal (Circled Years Only)				
	1985	1984	1983	1982	1981
A. The total tons of HAZARDOUS or EXTREMELY HAZARDOUS waste, the Federal Regulation of which has been suspended under the Solid Waste Disposal Act by Act of Congress, disposed of, or submitted for disposal, in California, plus the total tons of waste material transferred to a surface impoundment in California for the purpose of reducing the water content of such waste and material by evaporation, plus the total tons of hazardous waste disposed of into an injection well or landfarm, exclusive of the waste reported in Sections D and E. (Note: LAND FILL DISPOSAL IS NOT LAND FARMING.) (Qtrly return form lines 1, 3a, 4a, 6b, 6c, 6d, 7 & 8)			0	0	0
B. The total tons of HAZARDOUS waste disposed of, or submitted for disposal, in California exclusive of the waste reported in Sections A, C, D and E. (LANDFILL ONLY.) (Qtrly return form line 6a only)			0	0	0
C. The total tons of EXTREMELY HAZARDOUS waste disposed of, or submitted for disposal, in California exclusive of the waste reported in Sections A, B, D and E. (LANDFILL ONLY.) (Qtrly return form lines 3b and 4b).			0	0	0
D. The total tons of HAZARDOUS or EXTREMELY HAZARDOUS waste disposed of, or submitted for disposal, in California from the extraction, beneficiation and processing of ores or minerals including phosphate rock and overburden from mining of uranium ore. (Qtrly return form line 2 only).			0	0	0
E. The total amount of HAZARDOUS waste disposed of, or submitted for disposal, in California that is a solid hazardous waste residue resulting from incineration. (Qtrly return form line 5a only).					

"HAZARDOUS WASTE" means a waste, or combination of wastes, which because of its quantity, concentration, or physical chemical or infectious characteristics may either:

- Cause, or significantly contribute to an increase in mortality or an increase in serious irreversible, or incapacitating reversible, illness.
- Pose a substantial present or potential hazard to human health or environment when improperly treated, stored, transported, or disposed of, or otherwise managed.

"EXTREMELY HAZARDOUS WASTE" means any hazardous waste or mixture of hazardous wastes which, if human exposure should occur, may likely result in death, disabling personal injury or serious illness caused by the hazardous waste or mixture of hazardous wastes because of its quantity, concentration, or chemical characteristics.

Signature/Title

Cheris J. Miller
Compliance Admin.

Date

12/2/86

Jan. 1986

~~John Fowler~~

November 19, 1986

The enclosed is a request for information related to Hazardous Waste Activity for the years 1981, 1982, 1983.

During those years the Chrome was being recycled. Ammoniacal Etchant was not considered a Waste and was exempt.

Any other materials were being treated at Sunland.

Therefore, all categories would be zero for each year

Jim Punniff

CALIFORNIA—Continued

value as museum pieces. The exemption applies only to the San Diego Aero-Space Museum for sales and transactions occurring on or after November 24, 1985. (Ch. 1270 (S. B. 1609).)

Sales and Income Tax Provisions Amended.—The California sales and use tax exemptions for aircraft sold or leased for use as common carriers of persons or property and for watercraft sold or leased for use in interstate or foreign commerce involving the transportation for hire of property or persons are amended to provide that it will be rebuttably presumed that a person is not engaged in business as a common carrier or that the watercraft is not regularly used in interstate or foreign commerce involving the transportation for hire of property or persons, if yearly gross receipts do not exceed 10% of the cost of the aircraft or watercraft or \$25,000, whichever is less.

The Franchise Tax Board is authorized, in cases of financial hardship, to enter into installment payment agreements with taxpayers to pay California personal income taxes due, plus applicable interest and penalties over the life of the installment period. Also, the Board is required to implement a pilot project of withholding on payments to independent contractors doing business with state agencies. (Ch. 1361 (A. B. 3060), effective January 1, 1987.)

Various Trailers Exempt from Use Tax.—New or used trailers and semitrailers that involve the moving or operation laden of those trailers or semitrailers in accordance with a one-trip permit are exempt from California use tax. (Ch. 715 (A. B. 2782), effective January 1, 1987.)

Authorize Local Hazardous Waste Facility Tax.—Cities and towns in California are authorized to impose a tax or user fee on the operation of an off-site, multi-user hazardous waste facility located within their jurisdictions. The tax or fee cannot exceed 10% of the facility's annual gross receipts for the treatment, storage or disposal of hazardous waste.

Cities and towns cannot impose a tax or user fee on (1) an existing hazardous waste facility for which a city or county license is authorized, (2) an off-site, multi-user hazardous waste facility that began operations before 1987 and was issued a hazardous

waste facilities permit or was granted interim status before 1987 or (3) that portion of the gross receipts of the hazardous waste facility that is derived from the recycling of hazardous wastes. (Ch. 1504 (A. B. 2948), effective January 1, 1987.)

"Sale" Includes Lease with Title Passing to Lessee at Term's End.—A contract designated as a lease that binds the lessee for a fixed term and requires the lessee to obtain title at the end of the term upon completion of the lease payments, or that gives the lessee an option at that time to purchase the property for a nominal amount, will be regarded in California as a sale under a security agreement from its inception and not as a lease.

In the case of a contract with a state or local government, the lessee is treated as bound for a fixed term notwithstanding any right of the lessee to terminate the contract if sufficient funds are not appropriated to pay amounts that are due under the contract. (Ch. 825 (A. B. 4417), effective September 14, 1986.)

Interest May Be Waived in Extreme Hardship Cases.—The Franchise Tax Board is authorized to waive interest on delinquent California personal income taxes for any period for which the taxpayer demonstrates inability to pay that interest solely because of extreme financial hardship caused by disability or other catastrophic circumstances. Any waiver of interest must be withdrawn retroactively if it was made as a result of the taxpayer committing tax fraud, malfeasance or omitting any relevant information. The new authority is applicable only to interest accruing on or after January 1, 1987. (Ch. 925 (A. B. 3401).)

Installation Deadline Extended for Solar Energy Credit.—Solar energy systems (excluding wind-driven systems) that are capable of generating at least 500 kilowatts of electrical energy can qualify for the solar energy personal income and franchise tax credits in California if they are installed on or before December 31, 1987, provided that significant construction or expenditures are undertaken by October 31, 1986. Formerly, the installation deadline for 500 kilowatt systems which were eligible for the credit if significant construction had begun by October 31, 1986, was June 30, 1987. (Ch. 1200 (S. B. 1858).)

11/4/86 Issued

West Virginia: The voters rejected a proposed amendment to the West Virginia Constitution which would have required the imposition of an additional 1% consumers' sales and service tax. (The proposed increase would have been in lieu of the additional 1% tax proposed by S. J. R. 20, Laws 1986, which was rescinded by S. C. R. 2, Second Special Session.) (S. J. R. 2, Second Special Session.)

The voters approved an amendment to the West Virginia Constitution which provides that any tangible personal property moving in interstate commerce through West Virginia, or which is consigned from outside the state to a West Virginia warehouse for storage in transit to a final destination outside the state, will not be considered to have acquired a tax situs in West Virginia for tax purposes and, therefore, is exempt from property tax. The exemption will be phased in over a period of five consecutive assessment years at the rate of 20% of the assessed value of the property per assessment year, beginning July 1, 1987. (H. J. R. 1.)

New Tax Laws

CALIFORNIA

Taxation of Hazardous Waste Amended.

—A fee is imposed in California on persons who dispose of hazardous waste onsite, who annually submit more than 500 pounds of hazardous waste offsite, or who submit hazardous waste for transportation in the state for disposal outside of California. Operators of disposal facilities must pay a fee directly to the State Board of Equalization, except that the site operator is not required to pay the fee for a hazardous waste if the person submitting the waste for disposal provides the operator with a manifest for the waste and the site operator submits a copy of the manifest to the Board.

Formerly, a fee was required from persons who disposed of hazardous waste onsite or who submitted hazardous waste for disposal offsite. If the waste was produced outside the state, but disposed of within the state, the disposal site operator collected the fees from the person submitting the waste and transmitted the fees to the Board.

The provision that required the Department of Health to establish a hazardous waste fee schedule beginning July 1, 1986, is repealed, and statutory fees are revised and continued. The annual fees, which are in effect until April 1, 1988, are a percentage of a base rate established by the Board,

depending on the type of hazardous waste and its method of disposal.

In addition to the hazardous waste disposal fees, a facility fee based on the size and type of the facility is imposed until April 1, 1988, on operators of a hazardous waste storage, treatment or disposal facility, including a resource recovery facility or waste transfer station, but not including any facility operated by a local government agency that is used exclusively for household hazardous waste collection. The facility fees will be established by the Department of Health and will be payable in two equal installments on or before October 1 and April 1 of each fiscal year.

In addition to hazardous waste disposal fees, generators of hazardous waste must pay an annual fee determined by the Department of Health for each generator site. The fee must be paid each January 1. The fee does not apply to hazardous wastes that result when a state or local agency, or its contractor, removes or remedies a release of hazardous waste caused by another person. These provisions are inoperative as of April 1, 1988.

In addition to the other fees, the Department of Health may charge any person who generates, handles, treats, stores, recycles, or disposes of hazardous waste, for the reasonable cost of additional services provided by the Department that are not funded by the other specified fees. This provision is inoperative as of April 1, 1988. (Ch. 1506 (A. B. 4283), effective July 1, 1986.)



50 BROOKSIDE ROAD - WATERBURY, CONNECTICUT 06720 - TELEPHONE (203) 575-5700 - TELEX 4436011

December 3, 1986

LA

Board of Equalization
Excise Tax Unit
P.O. Box 647
Sacramento, CA 95803

Subject: Facility Fee

Reference: EPA ID: CAD010707222

Gentlemen:

Per instruction 6 on the Facility Fee Schedule, enclosed is a letter to the DOHS dated May 14, 1986. On the second page we have stated our termination of Storage Activities under Interim Status.

As of January 1986, we became in essence, a generator only. We are still going through formal proceedings for closure.

At this time, the Facility Fee Schedule is not applicable to MacDermid, Inc.

Sincerley,

A handwritten signature in cursive script, appearing to read "Cherrie D. Gillis".

Cherrie D. Gillis
Compliance Administrator

Enclosure

cc: Janice Moran
Jim Tunnicliff

BT 401-J-1 (10-86)

DUPLICATE - KEEP FOR YOUR RECORDS

STATE OF
CALIFORNIAP.O. BOX 647
SACRAMENTO CA 95803BOARD OF EQUALIZATION
HAZARDOUS WASTE CONTROL ACCOUNT

8186

NOTICE OF FACILITY FEE

Due on or before 11/1/86 for State Fiscal Year 7/1/86 to 6/30/87

CADD010707222


Mail to:

BOARD OF EQUALIZATION
EXCISE TAX UNIT
P.O. BOX 647
SACRAMENTO CA 95803
(916) 322 9070MACDERMID INCORPORATED
5439 SAN FERNANDO RD WEST
LOS ANGELES CA 90039Read Instructions On
Back Before PreparingMake Changes Above If
Name or Address Incorrect

FACILITY FEE PAYMENT SCHEDULE

A	B	C	D
TYPES AND SIZES OF FACILITIES.	NO. OF PERMITS	ANNUAL FEE	TOTAL ANNUAL FEES BY CATEGORY (Col B x C)
DISPOSAL FACILITY is a 1. hazardous waste facility used for the disposal of hazardous wastes.		\$61,270.00	0
LARGE TREATMENT FACILITY is a treatment 2. facility which treats or recycles 1,000 or more tons of hazardous waste in any one month of the state's current fiscal year.		\$18,381.00	0
SMALL TREATMENT FACILITY is a 3. treatment facility which does not meet the criteria for a large treatment facility.		\$12,254.00	0
LARGE STORAGE FACILITY is a storage 4. facility which stores 1,000 or more tons of hazardous waste in any one month of the state's current fiscal year.		\$12,254.00	0
SMALL STORAGE FACILITY is a 5. storage facility which does not meet the criteria for a large storage facility.		\$ 6,127.00	0
6. OTHER. An explanation must be attached. See instructions on back.		\$ 00.00	0
7. Total amount of annual fee(s). (Add amounts in column D)			\$ 0
8. TOTAL AMOUNT DUE AND PAYABLE. (Divide amount on line 7 by 2)			\$ 0

I hereby certify that this notice, including any accompanying statements is true and correct to the best of my knowledge and belief.

SIGNATURE
AND TITLE

 PHONE. (203) 575-5700

MAKE CHECK OR MONEY ORDER PAYABLE TO STATE BOARD OF EQUALIZATION

Always Write Your Account Number on Your Check or Money Order

NOTICE OF FACILITY FEE

GENERAL

Pursuant to Section 25205.2 of the Health and Safety Code, effective July 1, 1986, each operator of a facility shall pay a facility fee for each state fiscal year, or any portion thereof, to the State Board of Equalization. "Facility" means a hazardous waste storage, treatment, or disposal facility, including a resource recovery facility or waste transfer station, which has been issued a permit or a grant of interim status by the Department of Health Services. This includes facilities accepting infectious waste for disposal. "Facility" does not include any facility operated by a local government agency which is used exclusively for household hazardous waste collection. The Department of Health Services has identified you as an operator of a facility, therefore, you must complete the Facility Fee Payment Schedule on the front of this notice and remit any amounts due to the State Board of Equalization. The total fee is due in equal semiannual installments on 11/1/86 and 4/1/87. If you do not receive a billing for the second installment, it is your responsibility to make timely payment. Late payments are subject to a penalty of 10% (.10) and interest at the rate then in effect.

FILING REQUIREMENTS

The fee is due for each permit and/or grant of interim status you hold even if you hold more than one at a given location. You must report the number of permits and/or grants of interim status by the type and size as indicated on the Facility Fee Payment Schedule. If a permit or grant of interim status falls under more than one category, you must include that permit or grant of interim status in the category with the greater rate. For example, if you hold a permit allowing you to operate as both a LARGE TREATMENT FACILITY with a fee of \$18,381.00 (line 2) and a SMALL STORAGE FACILITY with a fee of \$6,127.00 (line 5) you must count that permit as being subject to the greater LARGE TREATMENT FACILITY fee. If you require additional assistance, please call one of the following Department of Health Services offices:

Berkeley: (415) 540 2043
Fresno: (209) 445 5938
Los Angeles: (213) 620 2380
Sacramento: (916) 739 3145
San Diego: (619) 236 4717

PREPARATION OF FACILITY FEE PAYMENT SCHEDULE

COLUMN A. TYPES AND SIZES OF FACILITIES.

LINE 1 - 5. Determine the type and size for each permit and/or grant of interim status as explained in the FILING REQUIREMENTS above.

LINE 6. OTHER. If you are not required to pay a fee, you must attach a detailed explanation. If you applied for closure and did not accept hazardous waste after June 30, 1986, you must enclose a copy of your request for closure. If you have a permit variance granted by the Department of Health Services, you must attach a copy.

COLUMN B. NO. OF PERMITS. Enter the number of permits and/or grants of interim status you hold for each type of facility.

COLUMN D. TOTAL ANNUAL FEE DUE BY CATEGORY. Multiply Column B (No. of Permits) x Column C (Fee) for lines 1 thru 5. Enter the result for each line in Column D.

LINE 7. Add all amounts in Column D and enter the total.

LINE 8. TOTAL AMOUNT DUE AND PAYABLE. Divide the amount on line 7 by 2. This is the amount due from you.

If during the course of the state's current fiscal year you find that you fall under a category other than the category originally reported, you must notify the Board.



5439 SAN FERNANDO ROAD WEST • LOS ANGELES, CALIFORNIA 90039 • TELEPHONE (818) 240-9573

May 14, 1986

Mr. Kenneth Hughes
Surveillance and Enforcement Unit
Southern California Section
Toxic Substances Control Division
Department of Health Services
107 south Broadway, Room 7011
Los Angeles, CA 90012

Dear Mr. Hughes:

This letter summarizes the agreement reached today for MacDermid's compliance with your office's Notice of Violation dated April 16, 1986. My letter is based on the conclusion of our conversation today, in which our attorney, Julian Gresser in Washington and our environmental consultant, Shri Nandan of McKesson Environmental Services in Pleasanton, California, participated.

With respect to Count One, as indicated, MacDermid has now marked all containers visibly with the initial accumulation date of hazardous waste to permit the inspection of each container.

With respect to Count Two, MacDermid has now placed a label on all non-stationary containers in which hazardous wastes are stored. These labels now include information on 1) composition and physical state of the waste; 2) statement or statements to draw attention to the particular hazardous properties of the waste (e.g., flammable, reactive, and so forth); and 3) the name and address of the person or firm producing the waste.

The above actions should satisfy the requirements of Sections 66508(a)(2) and (c). MacDermid is now in full compliance with Counts One and Two.

With respect to Counts Three and Four, I have explained that it is possible that some manifest documents for the years 1984 and 1985 may be missing. I emphasize that this was not due to MacDermid's failure to prepare such manifests, but rather to the fact that some of these manifests may have been inadvertently misplaced, while they were being returned for review by the home office in Connecticut. I have already contacted our home office in Connecticut and have asked the person responsible there to begin a thorough

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search for the missing manifests. I will do whatever is possible to recover these manifests. If I am unable to recover the manifests in Connecticut, we have agreed that MacDermid will be responsible for producing these manifests, or their functional equivalents, through archival research in Sacramento. I understand that you wish to review manifests covering the years 1983 to the present, and we will exert our best efforts to produce the information that you require within sixty days from the date of this letter as you have requested.

With particular reference to Count Three, you have agreed that MacDermid may limit its efforts to the submission of the Biennial Report for 1985. You have kindly allowed us an additional thirty days after the end of the sixty days allotted for submission of the manifests for the years 1983 to the present, and we have agreed that a ninety-day time period for the submission of the 1985 Biennial Report will give us sufficient time for its preparation.

With respect to Count Five, we understand that your particular concern is with regard to the manifests for chromic acid. We have agreed that we will produce manifests for chromic acid for the above time period and will alert you within sixty days if we are unable to produce any manifests.

Since the remaining part of our compliance program depends upon MacDermid's recent decision to close its Treatment Storage and Disposal Facility (TS&D), I would like to focus now on Counts Fourteen and Fifteen before returning to Counts Six through Thirteen.

With regard to Count Fourteen, we have agreed that MacDermid will prepare a complete and satisfactory Closure Plan by the end of this calendar year. Further, we have agreed that well before the end of this year, MacDermid will prepare a draft of its Closure Plan and submit this draft to you for your comments and suggestions, by October 1, 1986.

With regard to Count Fifteen, our final Closure Plan will include a full estimate of Closure Costs, which will equal the cost of closure at the point of the facility's operating life as required by Section 67002(a).

With regard to Count Six, we have agreed that it will not be necessary for MacDermid to prepare records and plans required for its Interim Status Document (ISD) in that MacDermid has terminated its activities as a Treatment, Storage and Disposal Facility as of January 1986. MacDermid will continue to prepare and maintain records appropriate to its continuing activity as a processor and as a generator and storer of laboratory wastes, and pursuant to your request will revise its Part A application - to be completed by July 15, 1986.

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Letter to Mr. Kenneth Hughes
May 14, 1986
Page Three

With regard to Count Seven, we have agreed that it will not be necessary for MacDermid to maintain documentation of personnel training suitable for a treatment storage and disposal facility. Rather, MacDermid will develop a program of personnel training that is appropriate to its continuing activity as a generator of laboratory wastes, and will make its program for personnel training an integral part also of its Contingency Plan described below. MacDermid will henceforth take all necessary steps to educate and to train its personnel to perform their duties in a way that will ensure the facility's continuing compliance with the requirements of personnel training appropriate to its current activities.

With respect to Count Eight, we have agreed that analysis of all documented wastes will be addressed in any event by MacDermid's Operation Manual and that when MacDermid's Closure Plan is approved, such approval will be deemed to satisfy also MacDermid's compliance with Count Eight.

With respect to Count Nine, MacDermid has already placed signs with a legend "Danger - Hazardous Waste Area - Unauthorized Personnel Keep Out", in English and Spanish (and other languages predominant in the area) in all appropriate parts of its facility to warn all personnel and other persons of any risks to health and environment from the premises. MacDermid has also agreed to attach such a sign on the back gate of the building. We believe that MacDermid is now in full compliance with the requirements of Section 67103 (a) and (c).

With respect to Count 10, we have agreed that MacDermid will continue to maintain a written operating record focusing on its on-going laboratory work. You have agreed that it will not be necessary for MacDermid to maintain a written operating record as a treatment storage and disposal facility, since MacDermid has discontinued this activity.

With respect to Count Eleven, we have agreed that MacDermid will prepare a comprehensive Contingency Plan that fully satisfies Section 67141 d and e. This plan will include a list of all emergency equipment at the facility (such as fire extinguisher systems, spill control equipment, communications and alarm systems [internal and external] decontamination equipment, and other necessary equipment). The list will be kept up to date and will include the location and physical description of each item on the list and a brief outline of its capabilities. The Contingency Plan will also contain the names and addresses and phone numbers, home and office, of all emergency coordinators. It will contain a list and location of all emergency equipment and alarms.

Our proposed time schedule for the preparation of MacDermid's contingency plan is as follows:

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Letter to Mr. Kenneth Hughes
May 14, 1986
Page Four

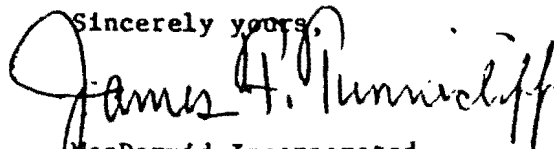
With respect to Count Twelve, MacDermid has agreed henceforth to introduce a program of weekly inspections of its facility and to maintain a signed inspection log as proof of such weekly inspections. These inspections shall include review of all stored containers and secondary containment dike walls or berms with particular attention to leaking containers, deterioration of containers, and damage to containers caused by corrosion and other factors. MacDermid will prepare and maintain a checklist which it will use during these inspections and will include the results as part of its documented proof of such weekly inspections. Whenever MacDermid discovers any evidence of damage to its containers or other equipment during such weekly inspections, it will use its best efforts immediately to remedy such problems and will maintain a full account of its documented record of such remedial actions.

Finally, with respect to Count Thirteen, MacDermid now fully understands its responsibilities to maintain full and accurate documentation with regard to any hazardous waste that cannot be accounted for. As noted, MacDermid will maintain full and complete manifests of all waste generated and sent out of its facility and will maintain full and complete TSD blue copies from recipients of its waste. These copies will be kept in correct chronological order and placed together with the appropriate manifest for any required review.

In conclusion, I wish to emphasize that MacDermid now fully understands its legal responsibilities and intends to comply not only with the strict letter but also with the spirit of the state's environmental regulations. As evidence of our intention, we have retained Julian Gresser, who has an established international reputation as an environmental expert, is the author of a major treatise on environmental law and was also a professor of environmental law at Harvard Law School. Further, we have also retained as consultants one of the leading environmental and engineering firms, McKesson Environmental Services, that will provide expert assistance throughout the preparation of our Contingency and Closure Plans and will offer close and continuing advice and guidance in our compliance program.

I hope our response is satisfactory. If you have any questions in the regard of MacDermid's compliance program, please do not hesitate to call.

Sincerely yours,



MacDermid Incorporated
James F. Tunnickliff
West Coast Manufacturing
and Distribution Manager

JFT/be

Attachment

cc: Mr. Shri Nandan
Mr. Julian Gresser

BT 401-J-1 (10-86)

STATE OF
CALIFORNIA

P.O. BOX 647
SACRAMENTO CA 95803

BOARD OF EQUALIZATION
HAZARDOUS WASTE CONTROL ACCOUNT

8186

NOTICE OF FACILITY FEE

Due on or before 11/1/86 for State Fiscal Year 7/1/86 to 6/30/87

CAD010707222

Mail to:

BOARD OF EQUALIZATION
EXCISE TAX UNIT
P.O. BOX 647
SACRAMENTO CA 95803
(916) 322 9070

MACDERMID INCORPORATED
5439 SAN FERNANDO RD WEST
LOS ANGELES CA 90039

Read Instructions On
Back Before Preparing

Make Changes Above If
Name or Address Incorrect

FACILITY FEE PAYMENT SCHEDULE

A	B	C	D
TYPES AND SIZES OF FACILITIES.	NO. OF PERMITS	ANNUAL FEE	TOTAL ANNUAL FEES BY CATEGORY (Col B x C)
DISPOSAL FACILITY is a 1. hazardous waste facility used for the disposal of hazardous wastes.		\$61,270.00	0
LARGE TREATMENT FACILITY is a treatment 2. facility which treats or recycles 1,000 or more tons of hazardous waste in any one month of the state's current fiscal year.		\$18,381.00	0
SMALL TREATMENT FACILITY is a 3. treatment facility which does not meet the criteria for a large treatment facility.		\$12,254.00	0
LARGE STORAGE FACILITY is a storage 4. facility which stores 1,000 or more tons of hazardous waste in any one month of the state's current fiscal year.		\$12,254.00	0
SMALL STORAGE FACILITY is a 5. storage facility which does not meet the criteria for a large storage facility.		\$ 6,127.00	0
6. OTHER. An explanation must be attached. See instructions on back.		\$ 00.00	0
7. Total amount of annual fee(s). (Add amounts in column D)			\$ 0
8. TOTAL AMOUNT DUE AND PAYABLE. (Divide amount on line 7 by 2)			\$ 0

I hereby certify that this notice, including any accompanying statements is true and correct to the best of my knowledge and belief.

SIGNATURE
AND TITLE

Cheryl D. Galt, Compliance Administrator
PHONE (916) 575-5700

MAKE CHECK OR MONEY ORDER PAYABLE TO STATE BOARD OF EQUALIZATION

Always Write Your Account Number on Your Check or Money Order

INSTRUCTIONS - HAZARDOUS WASTE TAX RETURN, BT-401-J

GENERAL

The State of California imposes certain fees on the disposal and transportation of hazardous wastes in this state. These fees are administered by the State Board of Equalization (hereafter referred to as "Board".) The fees are imposed upon all persons who dispose of hazardous wastes on property owned or controlled by them or others and upon each person who submits hazardous waste for transportation in this State for disposal outside the state. Hazardous waste includes any substance defined as such by the California Department of Health Services. Disposal means to abandon, deposit, inter, or otherwise discard waste as a final act after use has been completed or is no longer intended. Disposal includes the storage of hazardous waste for a period exceeding one year.

FILING REQUIREMENTS

Every person who is subject to the fee must file a hazardous waste tax return with the Board even if no disposals were made during the period covered by the return. Returns must be filed on or before the 15th day of the month following the calendar quarter for which the fee is due unless the Board has advised the person in writing that returns may be filed for other periods. The return must be accompanied by a remittance payable to the Board for the amount of tax due. Late payments are subject to a penalty of 10% (.10) and interest at an adjusted annual rate established pursuant to Section 19269 of the Revenue and Taxation Code.

PREPARATION OF RETURN

Column A - Enter the total tonnage to one decimal of all hazardous wastes disposed of or submitted for disposal or sent for recycling.

Column B - Enter taxable tonnage. The fee is imposed on each ton or fraction of a ton. Any fraction of a ton reported in Column A should be rounded up to the next full ton in Column B. For example, if in Column A you reported 21.1 tons, you would report a taxable tonnage of 22.0 tons in Column B. If you disposed of more than 5,000 tons in any one month of waste reported on lines 1 or 2, please refer to Section 25174.6 of the Health and Safety Code for limitations and provide with your return a schedule, by location, reconciling Columns A and B.

Column D - Enter amount of tax due for each category by multiplying taxable tonnage (Column B) by the rate of tax (Column C).

Complete the return by adding the amounts in Columns D, lines 0b through 8, entering the total tax on line 9. Then enter the total amount due, including any penalty and interest, on line 12.

UNIFORM HAZARDOUS WASTE MANIFEST

Information required on your return can be obtained from your copy of the Uniform Hazardous Waste Manifest. The copy will usually indicate the method of disposal in box K of the manifest. The numbers in the box are explained on the reverse side of the last copy of the manifest and are helpful in determining the reporting category. The hazardous waste composition is broken down in box J and is helpful in determining if the waste is a "hazardous", "extremely hazardous" or "restricted" waste. Total quantity and weight are indicated in boxes 13 and 14 of the manifest. To convert units to tons, a conversion table is listed below. To translate these values to tons, use the factor next to each and multiply this value times the total quantity.

CONVERSION TABLE

G = gallon	0.00417 (water)
P = pound	0.0005
T = ton	1.0000

Please note that the conversion table is to be used as a general guideline and the characteristic of your waste may vary the conversion factor.

For Tony's Signature

AFFIDAVIT

I Tony Tranchida, declare that, as an employee of MacDermid, Inc.,

1. MacDermid has leased a portion of the premises at 5439 San Fernando Road West, Los Angeles, CA 90039 since they were constructed in 1975. As used herein, the terms "facilities" and "site" mean the part of the premises leased to MacDermid, including all business' structures, appurtenances and improvements.

2. None of the facilities, or land contiguous to the facilities, were ever used by MacDermid to treat, store (over 90 days) or dispose of any hazardous waste.

3. The term "dispose of," as used in this affidavit, includes the deposit of hazardous waste into the environment on the site from 1975 to the present.

I have supervised operations during all times that MacDermid has leased the facility. I declare, under penalty of perjury, that the foregoing is true and correct to my best knowledge. Signed this _____ day of _____, 1992, at _____, Connecticut.

Signature